PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location MCAS NEW RIVER AMO
Instrument	t Serial No. <u>008922</u>	
The prever		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	1 ;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; as	ıd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
I certify th procedures Departmen	nat on the 26 day of 49 s were performed on the instrument in the of Health and Human Services, and	dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE CORPAL PROPERTY OF THE PRO	CAROLLA ANY MEET ANY MEET.	2, E-Hall 354

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

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 04/26/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang E-Hall
Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 142 Test Date: 04/26/2010 Test Time: 11:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ON	Slow	Instrument Location_	ONSLOW	County
Instrument Seria	ul No. 00893/ .	SHERIFFS	OFFice	
The preventive r four months are:	maintenance procedures for the Intox	imeters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		alcoholic breath sir	nulator thermometer show
2.	Verify instrument displays time an	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sample	e ;	
7.	When "PLEASE BLOW" appears	, collect breath sample	e ;	
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 bef d every four months o	ore expiration date r after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify that on procedures were Department of H	the <u>Jo</u> day of <u>ADR</u> performed on the instrument indicated Health and Human Services, and the i	, 20 red above, in accordar instrument is function	the forgoin ace with current re- ing properly.	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE		3 FLa 44 re of Certifying Offic		354 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 04/26/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Test Record Number: 1125 Serial Number: 008931 Test Time: 12:39pm EDT Test Date: 04/26/2010

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	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:41pm 12:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_DA	5Low Instrum	ent Location ONSLoc	e County
Instrument Ser	al No. <u>008932</u> <u>54e</u>	RIFTS OFFICE	:c
The preventive	maintenance procedures for the Intoximeters,	Model Intox EC/IR II to b	e followed at least once every
		ngura, or the plackalia bras	ith simulator thermometer about
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr		un simulator memioineter snow
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect	breath sample;	
7.	When "PLEASE BLOW" appears, collect	breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every f whichever occurs first.		
procedures wer	the day of	e, in accordance with curre	orgoing preventive maintenance intregulations of the N.C.
ONE STATE OF THE S	Ranly C		354
	Signature of Cer	tifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 04/26/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang E Hold

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 500 Test Date: 04/26/2010 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:40pm 12:40pm
FC	Pass	12:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm 12:41pm
SRC .DET	Pass Pass	12:41pm
BAR	Pass	12:41pm
\mathtt{BT}	Pass	12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

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

12:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Or	USLOW Instrument Locat	ion JACKSONUILLE P.D.
Instrument Se	erial No	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Interection	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sa	mple;
7.	When "PLEASE BLOW" appears, collect breath sa	mple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four mont whichever occurs first.	before expiration date, or the alcoholic breath ths or after 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the 26 day of 408/2 were performed on the instrument indicated above, in according to the Health and Human Services, and the instrument is fund	, 20 / the forgoing preventive maintenance ordance with current regulations of the N.C. etioning properly.
AMERICAN SERVICE STATE OF SERVICE SERV	Rand, Eth	
	Signature of Certifying C	Official Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 04/26/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:

10/01/2009-10/01/2011

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

Lot Number: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.07	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
ATR BLK	. 00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 683 Test Date: 04/26/2010 Test Time: 1:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:25pm 1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:25pm 1:25pm
DET	Pass	1:25pm
BAR BT	Pass Pass	1:25pm 1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:26pm 1:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County On	25/00 Instrument Location CAMD Lejeuxe AMO	
Instrument Seria	al No	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator temperature occurs first.	ı sts,
I certify that on procedures were Department of H	the 26 day of ARIA, 2010 the forgoing preventive maintenal 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.	nce
TO THE STATE OF A PART OF		
With the same of t	Signature of Certifying Official Certificate Number	_

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 04/26/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
ATR BLK	.00	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 440
Test Date: 04/26/2010 Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Dage	2.24nm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:24pm 2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET	_ Instrument Location Norch	ead City A.D.
Instrun	ent Serial No. <u>00873]</u>		
	ventive maintenance procedures for the nths are:	Intoximeters, Model Intox EC/IR II to	be followed at least once every
	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer shows
:	Verify instrument displays tin	ne and date;	
:	Initiate breath test sequence;		
•	. Enter information as prompte	d;	
	. Verify instrument accuracy;		
	. When "PLEASE BLOW" ap	pears, collect breath sample;	
	. When "PLEASE BLOW" ap	pears, collect breath sample;	
	. Print test record;		
	. Verify Diagnostic Program; a	and	
10	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration in the same of the second results of after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certif proced Depart	that on theday of res were performed on the instrument in ment of Health and Human Services, and	ndicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
CREAL SEA	STATE ON NO PLANT OF THE CARD	2, E-Hall	354
	Sig	grature of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 04/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 713 Test Date: 04/27/2010 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
(CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:38am 11:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET	Instrument Location	on CARTERET County	
Instrument	t Serial No. <u>008605</u>	SHERIFFY	OFFice	
The preven		imeters, Model Int	tox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		he alcoholic breath simulator thermometer show	
2.	Verify instrument displays time and	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sam	nple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			before expiration date, or the alcoholic breath is or after 125 Alcoholic Breath Simulator tests,	
I certify that procedures Department	at on the day of	ed above, in according trument is functi	20 / the forgoing preventive maintenance dance with current regulations of the N.C. ioning properly.	
STANDON SERVICE SERVIC		E-ALO e of Certifying Off		

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 04/27/2010

Citation Number: M0000000-0

Subject's Name:

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:30pm 12:31pm
ACCY CHK AIR BLK	.07	12:32pm 12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

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mil

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 1547
Test Date: 04/27/2010 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:37pm
FLO	Pass	12:37pm
FC	Pass	12:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:39pm 12:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARTERET Instrument Location AHANTIC BEACH P.D.
Instrumen	Serial No
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify th procedures Departmen	at on the
A SECTION OF SECTION O	Signature of Certifying Official Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 04/27/2010

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E Permit Number: 03462E Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:28pm 1:29pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
ATR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 319
Test Date: 04/27/2010 Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:35pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:36pm

1:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARTERET Instrument Location EMERALS ISLE P. O.
Instrume	t Serial No
The prev	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departm	nat on theday of, 20
GREAT SE	TATE OF NO. 12. TITE OF NO. 12
	Signature of Certifying Official Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 04/27/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:29pm 2:30pm 2:30pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karly EHoll
Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Test Record Number: 931 Serial Number: 008620 Test Time: 2:36pm EDT Test Date: 04/27/2010

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:37pm 2:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>CR</u>	AUEN Instr	ument Location HAUGLO	ck P.D.
Instrument Ser	rial No. <u>008800</u>		
The preventive four months as	e maintenance procedures for the Intoximet e:	ers, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen		h simulator thermometer shows
2.	Verify instrument displays time and dat	e;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	ect breath sample;	
7.	When "PLEASE BLOW" appears, coll	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.	eing changed before expiration by four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	n the 28 day of APRIX re performed on the instrument indicated a Health and Human Services, and the instru	20 / O the for pove, in accordance with currer ament is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE OF TH	Signature of	Hall Certifying Official	354 Certificate Number
	Signature of	Cerniying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 04/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 276
Test Date: 04/28/2010 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm

CRC Tests

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	RAVEN	Instrument Location MCAS	CHERRY POINT PA
Instrument S	erial No. <u>0108/9</u>		
The preventi 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	displays pressure, or the alcoholic breegree centigrade;	eath 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; an	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration is the state of the second second is second to the second second in the second s	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the 28 day of A/A were performed on the instrument ind of Health and Human Services, and t	ficated above, in accordance with current he instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TATE OF THE STATE OF THE OF TH	E ON NO CANAL CANA	4 E-Holl	354
	Sigr	nature of Certifying Official	Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 04/28/2010

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

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

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

Analyst's Name: HALL, RANDY E Permit Number: 03462E Effective: 10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:54pm 12:55pm 12:55pm 12:56pm 12:57pm 12:58pm 12:59pm
AIR BLK	.00	1:00pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 123
Test Date: 04/28/2010 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

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

1:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 04/28/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:55pm 1:55pm
ACCY CHK	.08	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 606
Test Date: 04/28/2010 Test Time: 2:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:03pm 2:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAVEN Instrument Location New B	BERN A.D.
Instrument Se	erial No. <u>008817</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	pe followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department of	on the <u>SS</u> day of <u>ASS</u> , 20 <u>O</u> the fovere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
A SEE STATE STATE OF SEE STATE	Signature of Certifying Official	354 Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 04/28/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

g/210L	Time
Pass .00	2:31pm 2:32pm 2:32pm
.00	2:33pm
.00	2:34pm
.00	2:35pm
.00	2:36pm
.00	2:37pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 237
Test Date: 04/28/2010 Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:39pm

Pass

2:39pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ua	NCS	Instrument Location_	JONES .	County
Instrument Seria	1No. <u>208705</u>	SHERIFFS	OFFICE	7
The preventive n four months are:	naintenance procedures for the In	toximeters, Model Intox	EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath	simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	e;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed befiged every four months o	ore expiration da r after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on t procedures were Department of H	he	, 20	the forg	oing preventive maintenance regulations of the N.C.
THE STATE OF NO. 1775 N. W. 25. 1775	<u> </u>	1,5=AAA	<i>j</i>	354 Certificate Number
	Signa	nure of Certifying Offici	iai	Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 04/29/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:56am 10:57am
ACCY CHK	.08	10:58am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 534
Test Date: 04/29/2010 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	11 · 04 am

Printer Tests

Status

Time

Test

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 PAI	Thica Instrument Location PAMLICO Cousty		
Instrument Seria	INO. DOBG40 SHERIFF'S OFFICE		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on t procedures were Department of H	he day of day of , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.		
OF ME STATE OF N.	Ray E-Hall 354		
	Signature of Certifying Official Certificate Number		

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 04/29/2010

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:19pm 12:19pm 12:20pm 12:21pm 12:22pm
SUB TEST AIR BLK	.00 .00	12:23pm 12:24pm

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 697 Test Date: 04/29/2010 Test Time: 12:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

Status Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OHNSTON Instrument	Location JOHI	VS70N Co.	JAIL
Instrument Seria	al No. 008846 <u>5m</u>	MFIELD	NC	
The preventive i	maintenance procedures for the Intoximeters, M:	odel Intox EC/IR II	to be followed at lea	ast once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade		breath 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" appears, collect bro	ath sample;		
7.	When "PLEASE BLOW" appears, collect bro	eath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed every fou whichever occurs first.	anged before expiration months or after 12;	tion date, or the alc 5 Alcoholic Breath	oholic breath Simulator tests,
I certify that on procedures were Department of H	the 30 day of 99916 e performed on the instrument indicated above, in the least hand Human Services, and the instrument	n accordance with c	ne forgoing preventi urrent regulations o rly.	ve maintenance f the N.C.
ON TO THE STATE OF A	Signature of Certif	ving Official	<u>3</u> Certific	7/ ate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 04/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/11/2011

Test	g/210L	Time
DIAG	Pass	10:58am
AIR BLK	.00	10:59am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 1125
Test Date: 04/30/2010 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test	Status	Time
PRNT	Pass	11:13am

CRC Tests

Test	Status	Time
COMP	Pass	11:13am
CAT.	Pagg	11:13am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Wagne	Instrument L	ocation <u>Sequ</u>	nour Jol	his son A. F	
Instrum	ent Serial No. 198786	1010	GRMENT	GARISSA	huson A.F RA., Golo	l)
	ventive maintenance procedures for the nths are:	Intoximeters, Mod	el Intox EC/IR II	to be followed at	t least once every	
1	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure degree centigrade;	, or the alcoholic t	oreath simulator	thermometer show	'S
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	pears, collect breat	h sample;			
7	. When "PLEASE BLOW" a	pears, collect breat	h sample;			
8	. Print test record;					
9	. Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being char nanged every four r	nged before expira nonths or after 125	tion date, or the 5 Alcoholic Brea	alcoholic breath th Simulator tests,	
procedu	that on theday of res were performed on the instrument in ment of Health and Human Services, an	ndicated above, in	accordance with c	urrent regulation	entive maintenance as of the N.C.	;
STATE OREATS AND	STATE OF NO PARTY OF THE PARTY	Inch 1	lust_	··	<i>647</i>	
		gnature of Certifyi		– — Certi	ficate Number	

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 04/12/2010

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:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinua Muss

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 80 Test Date: 04/12/2010 Test Time: 3:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:42pm
FLO	Pass	3:42pm
FC	Pass	3:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:42pm
SRC	Pass	3:42pm
DET	Pass	3:42pm
BAR	Pass	3:42pm
BT	Pass	3:42pm

Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:43pm 3:43pm

Preventive Maintenance Status: Pass

Analyst

1. Clevel

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Instrument Location Hyde Co. 5.0 Denatore
Instrument Seria	INO. DO 6797 NC 12 DORALORE, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he day of 0000 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF A CONTROL OF A CON	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 04/21/2010

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:20pm 12:21pm 12:22pm 12:23pm 12:23pm 12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 186
Test Date: 04/21/2010 Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:30pm
SRC	Pass	12:30pm
DET	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	N OCE	Instrument Location_	DARK C	7.5.D H	MULL
Instrument Seria	al No004811	50346 NO	I'WY	12) Frises	1 N.C
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be i	ollowed at least once	every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath	simulator thermomet	ter 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.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.				
procedures were	the	, 20_ cated above, in accordance instrument is functioni	ce with current	oing preventive main regulations of the N.	
THE STATE OF THE S	OS H CAROLINA	A les	<u></u>	Gy J	- hou
	Signa	ture of Certifying Offici	a.i	Certificate/Num	DÇI

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 04/21/2010

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:51pm 1:52pm
ACCY CHK	.07	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Test Record Number: 233 Serial Number: 008807 Test Time: 1:59pm EDT Test Date: 04/21/2010

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	2:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:00pm 2:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (puloss	Instrument Location_	Belhaven	Police Deps.
Instrument Seria	11 No. 004918		Mayen,	N.C
The preventive r	maintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect breath sample	e;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.	er is being changed befored every four months o	ore expiration date, r after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedures were	the day of performed on the instrument indicates and the desired that the	ated above, in accordar	ice with current regi	g preventive maintenance ulations of the N.C.
THE STATE OF A PART OF THE STATE OF A PART OF THE STATE OF A PART OF THE STATE OF T	CAROUNA Signa	ture of Certifying Office		Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008918 Test Date: 04/22/2010

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG816302 Exp Date: 06/11/2010

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Meese

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008918 Test Record Number: 174
Test Date: 04/22/2010 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 12:26pm
FC	Pass	12:26pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:26pm 12:26pm 12:26pm 12:26pm 12:26pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County / Main Gr., Swan Quality office

Instrument Serial No. 10801 1233 Main Gr., Swan Quality N.C

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 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- Enter information as prompted;
- 5. Verify instrument accuracy;
- When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before 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\lambda the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 04/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fines Reese Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Test Record Number: 153 Serial Number: 008801 Test Time: 1:19pm EDT Test Date: 04/22/2010

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test.

Status Time

1000	Deacab	
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:20pm 1:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		nstrument Location Dance (
Instrument Seria	al No. 004604	our DRIFF WOO	DR., Manres, J.C
The preventive four months are	maintenance procedures for the Intoxii	meters, Model Intox EC/IR II to I	pe followed at least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic bre centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed before expiratio every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures were	the	d above, in accordance with curr	orgoing preventive maintenance ent regulations of the N.C.
ONE STATE OF OUR TO THE STATE OF THE STATE O	Signature	of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 04/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	1:56pm 1:57pm
ACCY CHK	.07	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Finds buse

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 544

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
\mathtt{BT}	Pass	2:05pm

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time

Test	Deacas	111110
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ark	Instrument Location	Daké Co	DECENSOR CENTER
Instrument Seria	al No. <u>004743</u>	10 44 Deil	(word	DR., MANSET, M.C.
The preventive four months are	maintenance procedures for the In	oximeters, 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	isplays pressure, or the ree centigrade;	alcoholic brea	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" appe	ars, collect breath samp	le;	
7.	When "PLEASE BLOW" appear	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed be ged every four months	fore expiration or after 125 A	date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	theday ofday of	cated above, in accorda	nce with curre	orgoing preventive maintenance ent regulations of the N.C.
OTHE STATE OF THE	COLINI CAROLINI	Cha Luce	<u>e</u> -	647
	Signa	ture of Certifying Offic	cial	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 04/29/2010

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

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

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

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E Effective: 10/01/2009-10/01/2011

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

> Lot Number: AG902603 Exp Date: 01/26/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 130 Test Date: 04/29/2010 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	2:13pm
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	T'ime
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Jines Ruse
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	all	- on this - To		nent Location	•		light.	Q.O.
Instrument Seria	l No	608(44	109	1040	Hall Po	L. KIII	Deil	1.16 M.C
The preventive n four months are:		nce procedures for t	he Intoximeter	s, Model Into	x EC/IR II to	be followed	at least or	ice every
1.		the ethanol gas can rees, plus or minus			e alcoholic bi	reath simulato	r thermor	neter shows
2.	Verify	instrument displays	time and date;					
3.	Initiate	breath test sequenc	e;					
4.	Enter i	nformation as prom	oted;					
5.	Verify	instrument accuracy	<i>'</i> ;					
6.	When '	"PLEASE BLOW"	appears, collec	t breath samp	ole;			
7.	When '	"PLEASE BLOW"	appears, collec	t breath samp	ole;			
8.	Print te	est record;						
9.	Verify	Diagnostic Program	; and					
10.	simulat	that the ethanol gas tor solution is being ever occurs first.						
procedures were	perform	day of da	t indicated abo	ve, in accorda	ance with cu	forgoing pre rrent regulation	ventive m	aintenance N.C.
STATE ON OUTSING ON THE STATE OF THE STATE O	THI CAROLINA	- m	Signature of C	Kes 1	o io I		(ay	

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 04/29/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

> Lot Number: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:55pm 2:56pm 2:56pm 2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 579
Test Date: 04/29/2010 Test Time: 3:03pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

Printer Tests

Test.

CAL

Status Time

3:04pm

1000	Dododo	
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:04pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ed	ecombe	Instrument Location Edge Con	abe (o. Magistrate
Instrument Seri	al No. <u>008663</u>	300 S. Anaconda R	d., Tarboro, N.C.
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea legree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration aanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that or procedures we Department of	the day of April d	, 20 the formula the findicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	NO THE CAROLINIA	ignature of Certifying Official	643 Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663 Test Date: 04/28/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 1.00 g/210L)

Signature of Chemical Analyst

Court CVR

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663

Test Record Number: 1204

Test Date: 04/28/2010

Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

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

Preventive Maintenance Status: Pass

/Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County -	ecombe Instrument Location Checon	be Co. Maystrates Office
Instrument Seri	al No. 008603 300 S. Angronda R	be Co. Maystrates Office 1. Tarboro, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	ne followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on procedures wer Department of	the day of , 20 0 the fe performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
STATE OF THE STATE	A CAROLINA	,
COE QUAM VIDER	Willy III	Certificate Number
	Signature of Certifying Official	Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008603 Test Date: 04/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Test Record Number: 922 Serial Number: 008603 Test Time: 10:18am EDT Test Date: 04/28/2010

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Boo</u>	aufort	Instrument Location Belhan	ion Police Dept.
Instrument Se	erial No. <u>00 8928</u>	Bellyaven, A	J.C.
The preventive four months a	re maintenance procedures for the Intox	imeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		ath simulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	, collect breath sample;	
7.	When "PLEASE BLOW" appears,	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration devery four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that oprocedures w Department o	on theday ofl ere performed on the instrument indicat f Health and Human Services, and the i	ted above, in accordance with curr	orgoing preventive maintenance ent regulations of the N.C.
WWWTD 350 THE STATE OR FAT TO THE STATE OF T	Kelz	re of Certifying Official	Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 04/29/2010

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	10:26am 10:27am
ACCY CHK	.07	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

BEAUFORT COUNTY BELHAVEN PD 060

Test Record Number: 102
Test Time: 10:34am EDT

Test Time: 10:34am EDI

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Status

Test

PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:35am 10:35am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Por	Suimans Instrument Location Perquimans 6.50
Instrument Ser	ial No. 008918 110 N. Church St. Hertford 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 e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 30 day of 1, 20 10 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.
A STATE OF COLUMN TO THE STATE OF THE STATE	100 100 100 100 100 100 100 100 100 100
	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008918 Test Date: 04/30/2010

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
10/01/2009-10/01/2011

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

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

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Test	g/210L	Time
DIAG AIR BLK	Pass	11:38am 11:39am
ACCY CHK	.08	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008918 Test Record Number: 176
Test Date: 04/30/2010 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
\mathtt{BT}	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:48am

Pass

11:48am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	<i>lecklenburg</i>	Instrument Location	BAT MOBILE UNIT 3
Instrument S	erial No. <u>008614</u>		CHARLOTTE, DC
The prevention four months	-	ntoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	l	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures w		icated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE STATE OF THE S	CAROUM)	
OCAM VIO	Sione	ature of Certifying Official	Certificate Number
	Signi	or contrying official	Continuate Hambel

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 04/29/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:13pm 11:14pm 11:15pm 11:16pm 11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ulm Kg / Jana

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 800 Test Date: 04/29/2010 Test Time: 11:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:21pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MUBILE UNIT 3
Instrumen	t Serial No. 008647 CHARLOTTE, WC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>39</u> day of <u>APRIL</u> , 20 <u>10</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C	
GREAT	CAROUN CAROUN CONTRACTOR OF THE PROPERTY OF TH
APPLICATION OF STREET	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 04/29/2010

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904903 Exp Date: 02/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 756 Test Date: 04/29/2010 Test Time: 11:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:34pm 11:34pm

Preventive Maintenance Status: Pass

11:34pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	MECKLENBURG	Instrument Location 3A	TMOBILE DUIT 3	
Instrument So	erial No. <u>008707</u>	CH	ARLOTTE, NC	
The preventive four months a	ve maintenance procedures for the In	itoximeters, 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 show	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiraged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,	
I certify that of procedures we Department of	n the <u>29</u> day of <u>APE</u> ere performed on the instrument indic Health and Human Services, and the	21L , 20 1C the rated above, in accordance with ce instrument is functioning prope	ne forgoing preventive maintenance current regulations of the N.C. rly.	
STATE OF STA	Qlum	Ray Cours		

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 04/29/2010

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

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

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

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective:

10/01/2009-10/01/2011

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

Lot Number: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	11:37pm 11:38pm
ACCY CHK	.08	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:39pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 544
Test Date: 04/29/2010 Test Time: 11:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:43pm 11:43pm
FC	Pass	11:44pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:44pm 11:44pm 11:44pm 11:44pm 11:44pm

Blank Tests

Test	Status	Time
AIR	Pass	11:44pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Sunne Instrument Location Super Co SAI/
Instrumen	t Serial No. <u>008934</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on the
O SE	Signature of Certifying Official Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 04/27/2010

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 506
Test Date: 04/27/2010 Test Time: 1:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
\mathtt{BT}	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Ruckingham Instrument Location MAdison P.D.
Instrume	nt Serial No. <u>008802</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the 26 day of 40°, 20 / 0 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
MA CREAT SE	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 04/26/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:41pm 12:42pm 12:43pm 12:44pm 12:45pm 12:46pm 12:47pm
AIR BLK	.00	12:48pm

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 265
Test Date: 04/26/2010 Test Time: 12:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:49pm 12:49pm 12:49pm 12:49pm 12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:50pm 12:50pm

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	SURRY Instrument Location Polat Marietan Pola
Instrumer	nt Serial No. <u>CO 8938</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
MIC GREAT SEA	

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 04/27/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 211 Test Date: 04/27/2010 Test Time: 11:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Tests

Status

Test

CAL

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

Time

11:32am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	arry Instrument Location MOUNT Airry P. D.
Instrument Ser	rial No. <u>008943</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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	the 27 day of 20/O the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 04/27/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925102 Exp Date: 09/08/2011

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

Reported AC: 700 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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 625 Test Date: 04/27/2010 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test

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

Status

Time

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 Su	Instrument Location Elkin P.D.
Instrument Seria	INo. 008926
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he <u>27</u> day of <u>April</u> , 20 10 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.
STATE OF WARM AND	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 04/27/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:13pm 2:14pm 2:15pm 2:16pm
SUB TEST	.00	2:17pm
AIR BLK SUB TEST	.00 .00	2:18pm 2:19pm
ATR RIK	0.0	2 : 20 pm

Reported AC: 1.00 g/2/10L

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 312
Test Date: 04/27/2010 Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
BT	Pass	2:21pm

Blank Tests

Test	Status	Time
ATR	Pass	2:22pm

Printer Tests

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

2:22pm

Preventive Maintenance Status: Pass

Pass

CAL

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	Stokes Instrument Location Stokes Co Jail
Instrument	Serial No. <u>008596</u>
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the 30 day of 4,20 0 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 04/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:20pm 1:21pm 1:21pm 1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:26pm

Reported AC: , .09 g/210L

Ignature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 415 Test Date: 04/30/2010 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

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

Preventive Maintenance Status: Pass

Pass

CAL

1:29pm

N ()

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes	Instrument Location	King	P. D.
Instrumen	t Serial No. <u>008610</u>			
The preve	ntive maintenance procedures for the	he Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caning 34 degrees, plus or minus	ster displays pressure, or the a 2 degree centigrade;	lcoholic breath si	mulator thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	,		
6.	When "PLEASE BLOW"	appears, collect breath sample	· · · · · · · · · · · · · · · · · · ·	
7.	When "PLEASE BLOW"	appears, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or	ore expiration date rafter 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
procedure	nat on the 30 day of 25 s were performed on the instrument of Health and Human Services, a	t indicated above, in accordan	ce with current re	ng preventive maintenance gulations of the N.C.
SO SE	CARE ON A CONTROL OF THE CARE	Signature of Certifying Officia	al	Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 04/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902001 Exp Date: 01/20/2011

/0.00 m.

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

Reported AC:

cal Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services

Analyst

Rev. 12/2007

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 717
Test Date: 04/30/2010 Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	3:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time

1000	Deacas	110
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location UNC-Greensboro
Instrument Seri	al No. 008604 Police Department
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	the
STATE ON STATE ON THE STATE OF	

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 04/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:31pm 3:32pm 3:33pm 3:34pm 3:35pm 3:35pm
SUB TEST	.00	3:37pm
ATR BLK	.00	mq8E:E

Reported AC: .00 g/2104

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 838
Test Date: 04/15/2010 Test Time: 3:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time

Tesc	beacub	TIME
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	Instrument Location SA/isbury Police
Instrument Seria	Instrument Location SA/ISBURY Volice al No. 008835 Department
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
OTH STATE OF ONE S	Signature of Certifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 04/16/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:58pm 12:59pm 12:59pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/21QL

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 483 Test Date: 04/16/2010 Test Time: 1:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:06pm 1:06pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 382
Test Date: 04/10/2010 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:40pm 10:40pm
FC FC	Pass	10:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:40pm
SRC	Pass	10:40pm
DET	Pass	10:40pm
BAR	Pass	10:40pm
BT	Pass	10:40pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Status

Time

Printer Tests

Test

PRNT	Pass	10:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:41pm 10:41pm

Preventive Maintenance Status: Pass

K. C. Mash

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008898 Test Date: 04/10/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	10:33pm
AIR BLK	.00	10:34pm
ACCY CHK	.07	10:34pm
AIR BLK	.00	10:35pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:38pm
ATR RIK	. 0.0	10:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. flance

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Jew Hanover Instrument Location BATMOSileun, +C
Instrument S	Serial No. 008939 5HP
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.
	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	7. (1/Molling 60/
The same of the sa	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 354
Test Date: 04/10/2010 Test Time: 10:52pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54pm 10:54pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939 Test Date: 04/10/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:39pm 10:40pm 10:41pm 10:41pm
SUB TEST	.00	10:42pm
AIR BLK	.00	10:43pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location RAT Was brite Unit 40 Instrument Location RAT W
four months are: 1. 2. 3.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence;
2. 3.	34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were p Department of He	the day of 20/20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Record Number: 275
Test Date: 04/10/2010 Test Time: 10:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:53pm
SRC	Pass	10:53pm
DET	Pass	10:53pm
BAR	Pass	10:53pm
\mathtt{BT}	Pass	10:53pm

Blank Tests

Test	Status	Time
AIR	Pass	10:54pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

1...

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 04/10/2010

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:44pm 10:45pm 10:46pm 10:47pm
SUB TEST	.00	10:47pm
AIR BLK	.00	10:48pm
SUB TEST	.00	10:50pm
AIR BLK	.00	10:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C./flande

PREVENTIVE MAINTENANCE RECORD INTOXIMETEDS MODEL INTOX EC/IR II

County BK	Instrument Location BAT Mobile Un.
	No. 08898 SIAP
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the Department of He	day of
ATTER CHAMMAN AND TO TAKE OF THE STATE OF TH	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 379 Test Date: 04/09/2010 Test Time: 7:35pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:36pm

Printer Tests

CAL

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

Preventive Maintenance Status: Pass

Pass

7:36pm

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 04/09/2010

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG	Pass	7:28pm
AIR BLK	.00	7:29pm
ACCY CHK	.07	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

F. C. Malyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

//	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	RUPSWICK Instrument Location BATMObile Unit
Instrument S	erial No. 008939 SHP
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on 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	11/1000000
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 347
Test Date: 04/09/2010 Test Time: 7:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:40pm 7:40pm
FC	Pass	7:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:40pm
SRC	Pass	7:40pm
DET	Pass	7:40pm
BAR	Pass	7:40pm
BT	Pass	7:40pm

Blank Tests

Test	Status	Time
AIR	Pass	7:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:41pm 7:41pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 04/09/2010

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:32pm 7:33pm 7:34pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi 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 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.

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 267
Test Date: 04/09/2010 Test Time: 7:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:45pm
FLO	Pass	7:45pm
FC	Pass	7:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
\mathtt{DET}	Pass	7:45pm
BAR	Pass	7:45pm
BT	Pass	7:45pm

Blank Tests

Test	Status	Time
AIR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:46pm

Preventive Maintenance Status: Pass

Pass

CAL

7:46pm

Anafyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 04/09/2010

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	7:37pm 7:38pm 7:38pm 7:39pm 7:39pm 7:40pm 7:42pm
AIR BLK	.00	7:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ason	Instrument Location Macon	Co. Magisture
Instrument Seri	ial No. <u>OUS/795</u>	Highlands, NC	
The preventive four months are		eximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breat see centigrade;	h simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration and every four months or after 125 Alc	
I certify that on procedures were Department of I	the <u>Z6</u> day of <u>A</u> e performed on the instrument indicated Health and Human Services, and the	, 20 / O the for the for the above, in accordance with currer instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
CREATE OF THE STATE OF THE STAT	North CAROLL ST.	Cat Cartifying Official	Certificate Number
	Signatu	ne or cermaing official	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 04/26/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:45pm 12:46pm 12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Test Record Number: 141 Serial Number: 008795

Test Date: 04/26/2010 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:52pm 12:52pm 12:52pm 12:52pm
BT	Pass	12:52pm

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:53pm 12:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location Macon Co. Jail
Instrument Ser	ial No. 008618 Franklin, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
SEE QUANTIES OF THE STATE OF TH	Ouil Rath 635
	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 04/26/2010

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:17am 11:18am 11:19am 11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 818
Test Date: 04/26/2010 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Dail R. Cuther

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	Instrument Location Macon Co. Jail
Instrument Seria	INO. 008789 Franklin, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 26 day of , , , 20/0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OTHE STATE OF NO.	Signature of Certifying Official Certificate Number

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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 04/26/2010

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:19am 11:19am 11:20am 11:21am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:24am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cail R. Cuth

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 163
Test Date: 04/26/2010 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Time	
FC1 Pass 11:26	sam
SRC Pass 11:26	Sam
DET Pass 11:26	5am
BAR Pass 11:26	5am
BT Pass 11:26	Sam

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

i CSC	Blacus	TIME
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:26am 11:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	ackson Instrument Location Jackson Co. Jail
Instrument Ser	ial No. 008722 Sylva, 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 wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 04/21/2010

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:33pm
ACCY CHK	.08	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 335 Test Date: 04/21/2010 Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
\mathtt{BT}	Pass	2:40pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	rekson	Instrument Location_	Jackson	Co. Jail
Instrument Seria	al No. <u>CO 8708</u>	Sylva, A	16	
The preventive four months are	maintenance procedures for the Ir	ntoximeters, Model Intox E	EC/IR II to be followed	l at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulat	or 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.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed befo nged every four months or	re expiration date, or t after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
I certify that on procedures were Department of I	the day of	icated above, in accordance the instrument is functioning	the forgoing proce with current regulating properly.	eventive maintenance ions of the N.C.
THE STATE OF THE S	Sign	ature of Certifying Officia		S 3 5

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 04/21/2010

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG902001 Exp Date: 01/20/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 497
Test Date: 04/21/2010 Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County War	tauga Instrument Location W	ocae NC
Instrument Seri	rial No. <u>668715</u>	oone, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC	/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	n the	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE S	Non- Non- Non- Non- Non- Non- Non- Non-	Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 04/19/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:16pm
AIR BLK	.00	3:17pm
ACCY CHK	.08	3:18pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 392 Test Date: 04/19/2010 Test Time: 3:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	3:27pm
FC	Pass	3:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
\mathtt{BT}	Pass	3:27pm

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wat	instrument Location Wataugh Co. Jail Bone NC
Instrument Seria	Boone, 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.
procedures were	the
TOTALE STATE OF A CORNER STATE	100 Marie 100 Ma
	Signature of Certifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Date: 04/19/2010

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

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

g/210L	Time
Pass	3:16pm 3:17pm
.08	3:17pm
.00	3:18pm
.00	3:19pm
.00	3:20pm
.00	3:21pm
.00	3:22pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Record Number: 764
Test Date: 04/19/2010 Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:27pm
FLO	Pass	3:27pm
FC	Pass	3:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:27pm
SRC	Pass	3:27pm
DET	Pass	3:27pm
BAR	Pass	3:27pm
BT	Pass	3:27pm

Blank Tests

Test	Status	Time
AIR	Pass	3:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:28pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	3:28pm
CAL	Pass	3:28pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AV	Instrument Location Avery of	<u> Lo.</u>	Jail
Instrument Seria	INO. 008664 Newlan	1,	NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol	llowed at	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator	thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the olic Brea	alcoholic breath th Simulator tests,
procedures were	the	ing preve egulatior	entive maintenance as of the N.C.
OTHE STATE OF NO. 1772 AND 177	Signature of Certifying Official	Certi	649 ficate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 04/14/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:14am 10:15am 10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 284
Test Date: 04/14/2010 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22am
FLO	Pass	10:22am
FC	Pass	10:22am

Temperature Tests

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

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	10:23am

Pass

10:23am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AV	Instrument Location Banner	Elk PD Elk NC
Instrument Seria	1 No. <u>008724</u> <u>Bapper</u>	ElKINC
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures were Department of I	the	oing preventive maintenance regulations of the N.C.
ON THE STATE OF TH	Signature of Certifying Official	Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 04/12/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

10/01/2009-10/01/2011

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

Lot Number: AG920401 Exp Date: 06/23/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:38pm 4:39pm 4:39pm 4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:41pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 164
Test Date: 04/12/2010 Test Time: 4:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:47pm
SRC	Pass	4:47pm
DET	Pass	4:47pm
BAR	Pass	4:47pm
BT	Pass	4:47pm

Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:48pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

4:48pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Dowell Instrument Location M. Davell Co. Jail
Instrument Ser	ial No. 00 8888 Marion , NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the
THE STATE OF THE S	John Hug
	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 04/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	12:24pm
AIR BLK	.00	12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:30pm
ATR BLK	. 0.0	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 358
Test Date: 04/05/2010 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:33pm 12:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	- Dowell Instrument Location Mc Dowell Co Jail
Instrument Se	erial No. 008892 Marion, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 04/05/2010

Citation Number: M0000000-0

Subject'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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	12:23pm 12:24pm
ACCY CHK	.07	12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 168
Test Date: 04/05/2010 Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:32pm 12:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cal	Instrument Location (ald well Go. Jail
Instrument Seria	al No. 008803 Lenoir, 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
THE STATE OF THE S	Senature of Certificing Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803 Test Date: 04/01/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:55pm 2:56pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
ATR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Test Record Number: 183 Serial Number: 008803 Test Time: 3:01pm EDT Test Date: 04/01/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
BT	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:03pm 3:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	INTOXINETERS, WODEL INTOXECTER IT
Instrument Seri	ial No. 00883/ Instrument Location Morgan ton WC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 04/01/2010

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

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

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

Analyst's Name: BURNETTE, ANTHONY J Permit Number: 11304E Effective:

10/01/2009-10/01/2011

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

Lot Number: AG925102 Exp Date: 08/08/2011

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 802 Test Date: 04/01/2010 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
\mathtt{BT}	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:27pm

Pass

1:27pm

Preventive Maintenance Status: Pass

CAL

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

\circ	INTOXIMETE			00-
County 5	urke	Instrument Locati	on <i>Margantan</i>	DP5
Instrument So	erial No. <u>DO 8904</u>	/	on Morganton Morganton , A	<u>v C</u>
The prevention four months a	ve maintenance procedures for the I are:	ntoximeters, Model In	tox EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		he alcoholic breath simul	ator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; an	ıd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed nged every four month	before expiration date, or as or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
I certify that of procedures we Department of	on the day of	dicated above, in according the instrument is function	20 <u>///</u> the forgoing produce with current regulationing properly.	preventive maintenance ations of the N.C.
OF STATE OF	A CAROLINA C	3		649
	Sigr	nature of Certifying O	fficial	Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 04/01/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

/----

Test	g/210L	Time
DIAG	Pass	1:19pm
AIR BLK	.00	1:20pm
ACCY CHK	.08	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 307 Test Date: 04/01/2010 Test Time: 1:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
\mathtt{BT}	Pass	1:27pm

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Status	Time
Pass	1:27pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP Pass 1:28pm CAL Pass 1:28pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 04/27/2010

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG003403 Exp Date: 02/03/2012

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

Wx Jelource

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_	LAXE Instrument Location 31
Instrume	Serial No. 008806 330 S SAUSBURY ST. RALDKH
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedur Departm	at on the day of
GREAT ST.	Signature of Certifying Official Certificate Number
	Significant of Costally and Cos

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 04/27/2010

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

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.08	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 2852 Test Date: 04/27/2010 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_[1	Are	Instrument Location	CCBI.	
Instrument So	erial No. <u>(205615</u>	<u>3305 SA</u>	usibled st.	PALEKH
The prevention four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox E	C/IR II to be followed a	at least once every
1.	Verify the ethanol gas canistoms 34 degrees, plus or minus .2	er displays pressure, or the ald degree centigrade;	coholic breath simulator	thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;	,		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;		
7.	When "PLEASE BLOW" ap	opears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed befor hanged every four months or a	e expiration date, or the after 125 Alcoholic Bre	alcoholic breath ath Simulator tests,
procedures w	on the day of day of rere performed on the instrument in the Health and Human Services, and	ndicated above, in accordance d the instrument is functioning	e with current regulation	entive maintenance ns of the N.C.
THE STATE STATE OF THE STATE OF		gnature of Certifying Official		ificate Number

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 04/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925201 Exp Date: 09/09/2011

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

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 1725
Test Date: 04/27/2010 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:17am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:18am 11:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	ARE Instrument Location UAVEROREST P. N
Instrument Se	rial No. CO8700 401 OLEN ST. WAKETOREST, NO
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	n the day of A PRI , 20 the forgoing preventive maintenance per 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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 04/26/2010

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

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

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

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 10/01/2009-10/01/2011

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

Lot Number: AG916701 Exp Date: 06/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 370 Test Date: 04/26/2010 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time

12:05pm

12:05pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	ion	Instrume	nt Location	<u>Inion</u>	County S.D.
Instrument Seria	1No. <u>008694</u>	<u> 3344</u> 704 -	Pressor 183-3	<u>a Rd.</u> 770	Monroe
The preventive n four months are:	naintenance procedures for the In	toximeters, I	Model Intox EC	/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg			oholic breath	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" appear	ars, collect b	reath sample;		
7.	When "PLEASE BLOW" appear	ars, collect b	reath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.				
	he day of performed on the instrument indicealth and Human Services, and the			with current r	oing preventive maintenance regulations of the N.C.
OF THE STATE OF NO.	Siona	On Journal of Certi	(V)((las_	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008694 Test Date: 04/27/2010

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

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

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.08	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:46am
ATR BLK	. 0.0	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willes
Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008694

Test Record Number: 98

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	olk	Instrument Location PolK C	cunty S.D.	
Instrument Se	rial No. <u>008832</u>	46 Ward St., Colu 828-894-3001	imbus	
The preventive four months as		Intoximeters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breatl egree centigrade;	simulator thermometer show	
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1 ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.		nister is being changed before expiration or after 125 Alcohology		
I certify that of procedures we Department of	re performed on the instrument in	<u>DY1</u> , 20 <u>1</u> the fordicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.	
THE STATE OF THE S	SARO I	nature of Certifying Official	557 Certificate Number	

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 04/12/2010

Citation Number: M0000000-0

Subject'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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:14am 10:14am 10:15am 10:16am 10:16am
AIR BLK	.00	10:18am
SUB TEST	.00	10:19am
ATR BLK	.00	10:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willie Manalyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 296 Test Date: 04/12/2010 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22am 10:22am
FC	Pass	10:22am

Temperature Tests

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

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	10:23am 10:23am

Preventive Maintenance Status: Pass

Dorly D. WW Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUXIME	TERS, MODEL INTOX EC	74
County 1	edell	Instrument Location MOOT	esville P.D.
Instrument Seria	1No. <u>008685</u>	750 W. Tredell 704 - 664 - 3311	
The preventive n four months are:	naintenance procedures for	the Intoximeters, Model Intox EC/IR II to	
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic bro .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	
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	
L .	performed on the instrumen	t indicated above, in accordance with current the instrument is functioning properly	ent regulations of the N.C.
STATE ONLO	THE CAROLINA	Signature of Certifying Official	557 Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 04/07/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:35pm 12:36pm 12:36pm 12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
ATR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bobley D. Willis

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 884
Test Date: 04/07/2010 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	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

Blank Tests

Test	Status	Time
ATR	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Courd house
County	instrument Location COMITATIONS
Instrument Seria	al No. 008827 # Courthouse Sq. Lincolnton
	704-732-9020
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	theday of, 20, 20
TO THE STATE OF A PART IS THE TOTAL THE STATE OF A PART IS THE STATE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/01/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:32am 10:34am 10:34am 10:35am 10:36am 10:37am 10:39am
SUB TEST	.00	
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bobley D. Willer Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 04/01/2010 Test Record Number: 497

Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Ti	
SRC Pass 10 DET Pass 10 BAR Pass 10	:42am :42am :42am :42am :42am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:42am 10:42am

Preventive Maintenance Status: Pass

Bolley Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ncoln	Instrum	ent Location_	Courth	ouse
Instrument Seria	il No. <u>008813</u>	<u># (</u> 704	Courthon 732-	ise Sq., 9020	Lincolnton
The preventive r four months are:		or the Intoximeters	, Model Intox E	:C/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	canister displays pro us .2 degree centig	essure, or the al	coholic breath si	mulator thermometer shows
2.	Verify instrument displ	ays time and date;			
3.	Initiate breath test sequ	ence;			
4.	Enter information as pr	ompted;			
5.	Verify instrument accur	racy;			
6.	When "PLEASE BLOV	W" appears, collect	breath sample;		
7.	When "PLEASE BLOV	W" appears, collect	breath sample;		
8.	Print test record;				
9.	Verify Diagnostic Prog	ram; and			
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is bein ing changed every	g changed befor four months or	re expiration date after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of H	the day of_ e performed on the instrur Health and Human Service	nent indicated abov	e, in accordance	e with current re	ing preventive maintenance egulations of the N.C.
OTHE STATE OF A	ORIN CAROLINA			• • • • • • • • • • • • • • • • • • • •	
ESE QUAM VIDEN		Signature of Ce	<u> </u>	Me	557
		Signature of Ce	rtifying Officia	ıl	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 04/01/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:57am 9:58am 9:59am 10:00am 10:01am 10:02am
AIR BLK	.00	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BoRey D. Willis

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 561 Test Date: 04/01/2010 Test Time: 10:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:07am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:08am 10:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ANdolph Instrument Location RANG	KEMAN
Instrument Se	rial No. 008737 POLICE DES	PANULEMA ROLINA
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	on the 20 day of PRL ,2010 the forere performed on the instrument indicated above, in accordance with current f Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE		RECEIVED
THE SECOND SECON	CAR CAR	APR 2 7 2010
APRI 12 078		FTA BRANCH
	Signature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 04/20/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:59am 9:00am 9:00am
AIR BLK SUB TEST	.00	9:01am 9:04am
AIR BLK	.00	9:05am 9:06am
SUB TEST ATR BLK	.00 .00	9:00am 9:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 285
Test Date: 04/20/2010 Test Time: 9:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:09am 9:09am
FLO FC	Pass Pass	9:09am 9:09am

Temperature Tests

Test	Status	Time
FC1	Pass	9:09am
SRC	Pass	9:09am
DET	Pass	9:09am
BAR	Pass	9:09am
BT	Pass	9:09am

Blank Tests

Test	Status	Time
AIR	Pass	9:10am

Printer Tests

Test	Status	Time
PRNT	Pass	9:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:10am 9:10am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAvie	Instrument Location_	DAvie	Co JA.
Instrumen	nt Serial No. <u>OO 890 S</u>	<u> </u>		
The preve	_	for the Intoximeters, Model Intox I	EC/IR II to be foll	lowed at least once every
1.	•	canister displays pressure, or the a nus .2 degree centigrade;	lcoholic breath sir	nulator thermometer shows
2.	Verify instrument disp	lays time and date;		
3.	Initiate breath test sequ	uence;		
4.	Enter information as pr	rompted;		
5.	Verify instrument accu	ігасу;		
6.	When "PLEASE BLOV	W" appears, collect breath sample	;	
7.	When "PLEASE BLOV	W" appears, collect breath sample	•	
8.	Print test record;			
9.	Verify Diagnostic Prog	gram; and		
10.		gas canister is being changed befo eing changed every four months or		
	s were performed on the instrur	ment indicated above, in accordances, and the instrument is functioning	ce with current reg	ng preventive maintenance gulations of the N.C.
THE COREAL SECTION OF	ATE OF NO THE CAROLINA AN VIDENT AM VIDENT	Signature of Certifying Officia	al	Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 04/15/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:

10/01/2009-10/01/2011

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

pe of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:39am 10:40am 10:41am 10:42am 10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 459
Test Date: 04/15/2010 Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

Status

Test

CAL

PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	10.49am

Time

10:49am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 04/14/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:25pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Ignature of Chemical Analyst

Court CVR

Allalyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 980 Test Date: 04/14/2010 Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
ВT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:31pm 1:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Fonsy th	Instrument Location Fansy	In Co Detention	
Instrument	Serial No. <u>008660</u>	Centre	<u> </u>	
The prever	ntive maintenance procedures for the Intoxi	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	lays pressure, or the alcoholic breath centigrade;	n simulator thermometer shows	
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.			
I certify the procedures Department	at on the day of hor, were performed on the instrument indicate tof Health and Human Services, and the in	, 20 / O the for ed above, in accordance with current strument is functioning properly.	going preventive maintenance t regulations of the N.C.	
THE GREAT SE	Chan a	e of Certifying Official	Certificate Number	

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 04/14/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG920301 Exp Date: 06/22/2011

Test	g/210L	Time
DIAG	Pass	1:09pm
AIR BLK	.00	1:10pm
ACCY CHK	.08	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 1189
Test Date: 04/14/2010 Test Time: 1:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:17pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Forsyth Instrument Location Forsyth Co Defection
Instrumen	Serial No. OO 8583 CENTER
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedure	at on the
S S S S S S S S S S S S S S S S S S S	ATE OF NORTH AND THE SIGNATURE OF Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 04/14/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 06/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:54pm 12:55pm 12:56pm 12:57pm
AIR BLK SUB TEST	.00 .00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 2180 Test Date: 04/14/2010 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

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

rest	Status	1 TINC
COMP	Pass	1:03pm
CAL	Pass	1:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1 Instrument Location KEINENS NE P. D.
al No. <u>008650</u>
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 shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
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
Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 04/14/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 523 Test Date: 04/14/2010 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	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	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 04/12/2010

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

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

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

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

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

> Lot Number: AG816303 Exp Date: 06/11/2010

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

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

Analyst

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Test Record Number: 190 Serial Number: 008890

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

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

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County le	19ter	Instrument Location_	BAT INDB	le luit #5
Instrument Seria	11 No. 0086 00		CANY	
The preventive r	maintenance procedures for the Intox	imeters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		alcoholic breath sin	nulator thermometer shows
2.	Verify instrument displays time an	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sample	? ;	
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.			
procedures were	theday of	ed above, in accordan	ice with current reg	g preventive maintenance gulations of the N.C.
STATE OF NO. 25. THE STATE OF	Signatur	re of Certifying Offici		Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 601 Test Date: 04/23/2010 Test Time: 11:39pm EDT

System Check: Passed

Baseline Tests

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

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	11:40pm

Printer Tests

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

COMP Pass 11:40pm CAL Pass 11:40pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 04/23/2010

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

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:30pm 11:31pm 11:32pm 11:33pm 11:34pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

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 t	instrument Location BST His Bile Com, T	<i>1</i> 4
Instrument	Serial No. COSEGS CA. CA.	7
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ex	very
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
procedures v	t on the 33 day of 4, 20/0 the forgoing preventive mainter 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.	nance
STATE OF THE STATE		r

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 480 Test Date: 04/23/2010 Test Time: 11:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

Printer Tests

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

Preventive Maintenance Status: Pass

Anaiyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 04/23/2010

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

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

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

Analyst's Name: MORGART, STEPHEN G Permit Number: 09372E Effective: 10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	11:29pm 11:30pm 11:30pm 11:31pm 11:32pm 11:33pm
SUB TEST	.00	11:34pm
AIR BLK	.00	11:35pm
2222 17111		

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	Wake		Instrument Loc	ation 15aT 1110B	Le Laut 5
Instrumen	nt Serial No	008788		CALLY	
The preve		nance procedures for the Into	oximeters, Model	Intox EC/IR II to be for	ollowed at least once every
1.		y the ethanol gas canister di grees, plus or minus .2 degr		or the alcoholic breath	simulator thermometer shows
2.	Verif	y instrument displays time a	ınd date;		
3.	Initiat	te breath test sequence;			
4.	Enter	information as prompted;			
5,	Verif	y instrument accuracy;			
6.	When	"PLEASE BLOW" appear	rs, collect breath s	sample;	
7.	When	"PLEASE BLOW" appear	rs, collect breath s	sample;	
8.	Print 1	test record;			
9.	Verify	Diagnostic Program; and			
10.	simula	that the ethanol gas caniste ator solution is being change ever occurs first.			ite, or the alcoholic breath nolic Breath Simulator tests,
I certify th procedures Departmen	nat on the <u>2</u> s were perform	day of	ated above, in acc	_, 20/ <i>C</i> the forgo cordance with current a actioning properly.	oing preventive maintenance regulations of the N.C.
CORE AT STATE OF STAT	CARO		L C	M of the	Certificate Number
		Signati	are or cerniying	Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 383 Test Date: 04/23/2010 Test Time: 11:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:37pm
${ t FLO}$	Pass	11:37pm
FC	Pass	11:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Time

11:38pm

Printer Tests

Status

Test

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 04/23/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:28pm 11:29pm 11:29pm 11:30pm 11:31pm
AIR BLK	.00	11:32pm
SUB TEST	.00	11:34pm
AIR BLK	.00	11:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Way	ne Instrument Location (Depention (PA-
Instrument Seria	Instrument Location (Dayne Co. Defention (2n- INO. 008649 207 E. Chestrut St., Goldshoro, W.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the day of day of , 20 0 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 PROPERTY OF A P	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 04/26/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:21am 10:22am 10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

orm is used when performing Preventive

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 1396
Test Date: 04/26/2010 Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:30am
SRC	Pass	10:30am
DET	Pass	10:30am
BAR	Pass	10:30am
BT	Pass	10:30am

Blank Tests

Test	Status	Time
ATR	Pass	10:31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
C	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:31am 10:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ways	18 Instrument Location Wayne 6. Detention Car
Instrument Serial	No. 008671 2076. Chestrut Sty Goldchord, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he day of for day of he da
TANK 20, 1775 NO.	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 04/26/2010

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

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

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective: 10/01/2009-10/01/2011

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

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

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

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

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 1293

Test Date: 04/26/2010 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:20am 10:20am
FC	Pass	10:20am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:20am 10:20am 10:20am 10:20am 10:20am
	1000	

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Corne	Instrument Location Conden 6.50.
Instrument Seria	100. 00 8851 113 Huy 343, Canden, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that on the procedures were Department of H	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. he day of da
THE STATE OF NO.	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008851 Test Date: 04/23/2010

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
10/01/2009-10/01/2011

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

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

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Test	g/210L	Time
DIAG AIR BLK	Pass	1:18pm 1:19pm
ACCY CHK AIR BLK	.08 .00	1:19pm 1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008851 Test Record Number: 285
Test Date: 04/23/2010 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

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

1:29pm

1:29pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu11	ituck Instrument Location Cullituck Co. S.O.
Instrument Seria	100.008947 407-A Maple Rd., Maple, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 23 day of 601 ,20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF MONTH OF THE STATE	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 04/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 476 Test Time: 12:18pm EDT Test Date: 04/23/2010

System Check: Passed

Baseline Tests

Status	Time
Pass	12:18pm 12:18pm
	12:18pm
	<u> </u>

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

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Un	ion Instrument Location Union County 50
Instrument Seria	INO. 008876 3344 Presson Road, Monroe
	704-283-3770
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he 1 H day of April , 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TAME STATE OF NO.	CAROL ALL ALL ALL ALL ALL ALL ALL ALL ALL A
OLAN VIDE	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 04/14/2010

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

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

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

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

10/01/2009-10/01/2011

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

Lot Number: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK	.00	2:11pm
ACCY CHK	.07	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
ATR BLK	.00	2:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 1146
Test Date: 04/14/2010 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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Uni	On Instrument Location (Anjon County 5D			
Instrument Serial	No. 008866 3344 Presson Road, Monroe			
	704-283-3770			
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the procedures were propartment of He	ne 14 th day of April , 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.			
THE STATE OF WORLD SET AND OF WORLD SET	Signature of Certifying Official Certificate Number			

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 04/14/2010

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

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:03pm 2:04pm
ACCY CHK	.08	2:04pm
AIR BLK SUB TEST	.00 .00	2:05pm 2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 576
Test Date: 04/14/2010 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:12pm 2:12pm 2:12pm 2:12pm 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 CAL	Pass Pass	2:13pm 2:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklenbucg Instrument Location Matthews PD
Instrumer	nt Serial No. <u>008699 1201 Crews Road</u> , Matthews 704-847-4069
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 Sthand day of Abril , 20 10 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
THE GREAT SEA	works full 650
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 04/08/2010

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:51pm
AIR BLK	.00	2:52pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 1009
Test Date: 04/08/2010 Test Time: 2:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:59pm 2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm
SRC DET BAR	Pass Pass Pass	3:00pr 3:00pr 3:00pr

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	ecklenburg	Instrument Location Mec	Klenburg Quarty SD
	rial No. <u>008665</u>	801 E. 44h 54	,
		704-353-018	()
The preventive four months as	•	ne Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		ic breath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures we	re performed on the instrument	nd the instrument is functioning pro	
OTHE STATE OF THE CORP. TO STATE OF THE CORP. TO STATE OF THE CORP. THE CORP	Sosh - F	titit	65Q
	// / S	ignature of Certifying Official	Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 04/08/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

10101

Test	g/210L	Time
DIAG	Pass	1:40pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
ATR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Record Number: 1180

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	J · ·
Instrument Serial	INO. 008690 801 E 4th Street, Charlotte
	704-853-0180
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he Sth day of April , 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 04/08/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:36pm 1:37pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR 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

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 1947
Test Date: 04/08/2010 Test Time: 1:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:47pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	Klenburg Instrument Location Medelenburg County SD
Instrument Seri	al No. 008691 801 E. 4th Street, Charlotte
	704-853-0180
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, coilect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 844 day of April , 20 10 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	Specific tatt 650
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Date: 04/08/2010

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E Permit Number: 19951E Effective: 10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:33pm
AIR BLK	.00	1:34pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

ature 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

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Record Number: 2130 Test Date: 04/08/2010 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:43pm
SRC	Pass	1:43pm
DET	Pass	1:43pm
BAR	Pass	1:43pm
BT	Pass	1:43pm

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:44pm

Preventive Maintenance Status: Pass

Pass

1:44pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	klenburg	Instrumen	t Locat	ion_ <i>Me</i>	ecklenb	urg County	515
Instrument Seria	INO. <u>008703</u>	801 E	<u> </u>	14h St	reet, C	harlotte	
		704-3					
The preventive r four months are:	naintenance procedures for the Inte	oximeters, N	1odei Ir	ıtox EC/II	R II to be fol	lowed at least onc	e every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays press ee centigrad	ure, or le;	the alcoho	olic breath si	mulator thermome	ter show
2.	Verify instrument displays time a	and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appea	rs, collect b	reath sa	mple;			
7.	When "PLEASE BLOW" appea	rs, collect b	reath sa	mple;			
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being c ed every for	hanged ur mont	before ex hs or after	xpiration date r 125 Alcoho	e, or the alcoholic blic Breath Simula	breath tor tests,
procedures were	the Sth day of April performed on the instrument indic lealth and Human Services, and the	ated above,	in acco	rdance wi	ith current re	ng preventive mai gulations of the N	ntenance .C.
THE STATE OF MANY 20, 1775 MAN	Signal	lehuns_ ture of Certi	fying O	Official		650 Certificate Nur	nber

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Date: 04/08/2010

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:30pm 1:31pm 1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 2476
Test Date: 04/08/2010 Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:43pm 1:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location WRIGHTS WILLE BEACH FILE Instrument Location WRIGHTS WILLE BEACH FILE PRECEIVE APRICEIVE APRICEIVE
rument Se	erial No. <u>008917</u>
e preventive 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.
rtify that o	on the S day of April , 20 10 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.

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008917 Test Date: 04/08/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:58pm
AIR BLK	.00	2:59pm
ACCY CHK	.07	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
ATR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mary E Hold
Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008917 Test Record Number: 253
Test Date: 04/08/2010 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pașs	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

Blank Tests

Test	Status	Time
ΔTR	Dacc	3 · 06pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:06pm

Preventive Maintenance Status: Pass

Pass

3:06pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location BAT MOBILE UNIT 3 Serial No. 008707 RANDLEMAN, NC
Instrument	Serial No. 008707 RANDLEMAN, NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures to Department	t on the
THE STATE OUT TH	

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Date: 04/17/2010

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:24pm 11:25pm 11:26pm 11:27pm 11:27pm 11:28pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Kay Barnes

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Record Number: 540
Test Date: 04/17/2010 Test Time: 11:33pm EDT

System Check: Passed

Baseline Tests

FLO Pass 11:33pm	Test	Status	Time
FC Pass 11:33pm	FLO	Pass	11:33pm 11:33pm 11:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:34pm
SRC	Pass	11:34pm
DET	Pass	11:34pm
BAR	Pass	11:34pm
BT	Pass	11:34pm

Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:34pm 11:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH	Instrument Location_	BAT MOBILE UNIT 3
Instrument 5	Serial No. <u>008647</u>		BAT MOBILE UNIT 3 RANDLEMAN, NC
The prevent four months	•	ntoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		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	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures w	on the 17 day of APR ere performed on the instrument indicate of Health and Human Services, and the	cated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
STATE OF THE STATE	Olu-	Ray Barn ture of Certifying Official	Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 04/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG904903 Exp Date: 02/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cilcu Kay Banalyst

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Record Number: 753
Test Date: 04/17/2010 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07pm
FLO	Pass	11:07pm
FC	Pass	11:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:07pm
SRC	Pass	11:07pm
DET	Pass	11:07pm
BAR	Pass	11:07pm
BT	Pass	11:07pm

Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08pm

Preventive Maintenance Status: Pass

A/nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County いょ	FREEN Instrument Location WARREN CO. TAIL
Instrument Seria	1NO. 008793 HWY 58 WARRENON, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he day of day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF N. OF THE TOTAL PROPERTY OF N. OF THE TOTAL PROPERTY OF THE TOTAL PROPER	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 04/19/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	12:15pm 12:16pm
ACCY CHK AIR BLK	.08 .00	12:16pm 12:17pm
SUB TEST	.00 .00	12:18pm 12:19pm
AIR BLK SUB TEST	.00	12:20pm
ATR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 321 Test Date: 04/19/2010 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WARREN Instrument Location NORCINA P.	<u>0</u>
Instrument	nt Serial No. 008945 101 MAIN ST. NORLINA	- Nr
The preven	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least	t once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator them 34 degrees, plus or minus .2 degree centigrade;	nometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcol simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.	nolic breath mulator tests,
I certify the procedures Departmen	hat on the day of APRIL, 20 _O the forgoing preventive seems were performed on the instrument indicated above, in accordance with current regulations of the ent of Health and Human Services, and the instrument is functioning properly.	e maintenance the N.C.
THE GARAGES AND SECOND	Signature of Certifying Official Certificate	Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 04/19/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:44am 11:46am 11:46am 11:47am 11:48am 11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 174

System Check: Passed

Baseline Tests

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

Temperature Tests

Time
11: 53am
11:53am
11:53am
11:53am
11:53am

Blank Tests

Test	Status	Time	
AIR	Pass	11:54am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54am 11:54am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VANCE Instrument Location NANCE CO. SHERI #5 DE
Instrument	Serial No. <u>508870</u> Instrument Location <u>NAMCE</u> (O. SHERIAS DE Serial No. <u>508870</u> <u>156 CHURCH</u> ST. HENDERSON, NC
The prever	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
CREAT SET OF SET	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 04/19/2010

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

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG902603 Exp Date: 01/26/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 165
Test Date: 04/19/2010 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	Pass	11:10am	

11:10am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	IANCE .	Instrument Location V	MICE CO.	STERIES DEA
Instrument !	Serial No. <u>208937</u>	156 CHURCH S	51, HEND.	ERSON, NC
The prevent four months	tive maintenance procedures for the	ne Intoximeters, Model Intox EC	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alco	oholic breath sime	ulator thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	9		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	5		
6.	When "PLEASE BLOW" a	appears, collect breath sample;		
7.	When "PLEASE BLOW" a	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		canister is being changed before changed every four months or at		
procedures v	t on theday of were performed on the instrument of Health and Human Services, an	indicated above, in accordance	with current regu	preventive maintenance lations of the N.C.
TO NO STATE OF THE		Quant Clignature of Certifying Official		657 Certificate Number
	// -			

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 04/19/2010

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

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:58am
AIR BLK	.00	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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 658
Test Date: 04/19/2010 Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:06am
CAL	Pass	11:06am
CAL	rass	II: Oballi

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ROBESON Instrument Location RED SPRINGS		
Instrume	ent Serial No. <u>OOS 357</u> POLICE DEPT.		
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedur	that on theday of, 20 / O the forgoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.		
ME GREAT FOR	STATE ON TO STATE OF THE STATE		

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 04/07/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Lot Number: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:27pm 3:28pm 3:28pm 3:29pm 3:30pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 114
Test Date: 04/07/2010 Test Time: 3:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:34pm
FLO	Pass	3:34pm
FC	Pass	3:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

Blank Tests

Test	status	Time
AIR	Pass	3:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:35pm 3:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pérson	Instrument Location_	PERSON	Co.LEC
Instrument	Serial No. <u> </u>	120 COURT	<u>ST</u> /2	XBORO, NC
The preven	tive maintenance procedures for the s are:	e Intoximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath	simulator thermometer show
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.			
	at on theday ofday of			oing preventive maintenance regulations of the N.C.
STATE CORES	TE O NO THE CAROLINA SI	Mad D Smi gnature of Certifying Offici	th ial	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 04/14/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:13pm
ACCY CHK	.08	3:13pm
AIR B L K	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 236
Test Date: 04/14/2010 Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:21pm

3:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOVIMETEDS MODEL INTOV EC/ID II

~ ~	INTOXIMETE	RS, MODEL INTOX ECH	
County /	RSON	Instrument Location PR 8.50	J Co. LEC
Instrument Seria	al No. <u>CO8693</u>	120 Court ST. X	ROUBORO, NC
The preventive four months are	•	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 brea egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 Ale	
I certify that on a procedures were Department of H	the /2/ day of /// performed on the instrument indicates and the day of /// lealth and Human Services, and the day of ///	, 20 / O the fo licated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
CREATE OF THE STATE OF THE STAT	ORIN CAROUNA SING	ature of Certifying Official	Certificate Number

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 04/14/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:05pm 3:06pm 3:06pm 3:07pm 3:08pm 3:09pm
SUB TEST	.00	3:10pm
AIR BLK	.00	3:11pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 514 Test Date: 04/14/2010 Test Time: 3:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
\mathtt{BT}	Pass	3:13pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	POORE Instrument Location / KOBINS POLICE
Instrument Seria	INO. 008728 Robbins NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he <u>05</u> day of <u>ARIC</u> , 20 <u>10</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF ALL THE COLOR OF T	Signature of Certifying Official Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 04/05/2010

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

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

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

Analyst's Name: RUSSELL, LARRY H Permit Number: 06108E Effective: 10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	5:03pm
AIR BLK	.00	5:04pm
ACCY CHK	.08	5:04pm
AIR BLK	.00	5:05pm
SUB TEST	.00	5:06pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm

Reported AC:

Signatur(e Chemical Analyst

Court CVR

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

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MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Record Number: 140

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:11pm

Pass

5:11pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 🔾	OHNSTON Instrument Location SECMA POLICE DEPT.
Instrument Seri	al No. 008595 SELMA, 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 <u>O</u> day of <u>ARKL</u> , 20 <u>O</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTH STATE OF A	
	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 04/01/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG825401 Exp Date: 09/10/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 392 Test Date: 04/01/2010

Test Time: 12:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Time	
FC1 Pass 12:17	om
SRC Pass 12:17	om
DET Pass 12:17	οm
BAR Pass 12:17	om
BT Pass 12:17	om

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Status

Test

CAL

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

Time

12:18pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location HARNETT Co. JAIL
Instrument	Serial No. 008729 LILLINGTON NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	at on the
STA	Storature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 04/01/2010

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

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904903 Exp Date: 02/18/2011

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

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 DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 967 Test Date: 04/01/2010 Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05am

10:05am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location HARNETT Co. JAIL
Instrument Seria	al No. 008730 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.
procedures were	the <u>01</u> day of <u>APRIL</u> , 20 <u>10</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF A	Contract 371
	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 04/01/2010

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

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

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

Analyst's Name: RUSSELL, LARRY H Permit Number: 06108E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:38am 9:39am 9:40am 9:41am 9:41am 9:42am
AIR BLK	.00	9:45am

Reported

Chemical Analyst

Court CVR.

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

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HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 586
Test Date: 04/01/2010 Test Time: 9:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:46am 9:46am
FC	Pass	9:46am

Temperature Tests

Test	Status	Time
FC1	Pass	9:46am
SRC	Pass	9:46am
DET	Pass	9:46a.m
BAR	Pass	9:46am
BT	Pass	9:46am

Blank Tests

Test	Status	Time
ΔTΩ	Dage	9 · 47am

Printer Tests

Test	Status	Time
PRNT	Pass	9:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:47am

Preventive Maintenance Status: Pass

Pass

CAL

9:47am

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Ser	rial No
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.
I certify that or procedures we Department of	n the <u>O/</u> day of <u>APRIL</u> , 20 / O 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 ON THE STATE OF THE STATE	

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 04/01/2010

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

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG825401 Exp Date: 10/02/2011

Test	g/210L	Time
DIAG	Pass	8:08am
AIR BLK	.00	8:08am
ACCY CHK	.07	8:09am
AIR BLK	.00	8:10am
SUB TEST	.00	8:11am
AIR BLK	.00	8:11am
SUB TEST	.00	8:13am
ATR BLK	. 0.0	8:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 216
Test Date: 04/01/2010 Test Time: 8:14am EDT

System Check: Passed

Baseline Tests

Test Status	
210	8:15am
FLO Pass	8:15am
FC Pass	8:15am

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	8:16am

Printer Tests

Test	Status	Time
PRNT	Pass	8:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:16am

8:16am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008616</u>		BAT MOBILE UNIT 3 GREENSBORD, NC
The prevent four months	ive maintenance procedures for the Ir	ntoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alc gree centigrade;	oholic 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" appea	urs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before of ed every four months or aft	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
procedures we	n the 9 day of APRI are performed on the instrument indical Health and Human Services, and the	ited above, in accordance w	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE S	C. A. D.	<u>An</u>	
	Signatur	re of Certifying Official	Certificate Number
			· ·

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 04/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903 Exp Date: 02/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 793 Test Date: 04/09/2010 Test Time: 11:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:31pm

Temperature Tests

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

Preventive Maintenance Status: Pass

Pass

11:31pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BATMOBILE	UNIT 3
Instrument Se	GUILFORD erial No		GREENSBOR	ONC
The preventive four months a	ve maintenance procedures for the In are:	toximeters, Model Intox	EC/IR II to be followed at le	ast once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath simulator the	ermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	ars, collect breath sample	1	
7.	When "PLEASE BLOW" appea	irs, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
	n the day of Free performed on the instrument indices of Health and Human Services, and the			ve maintenance the N.C.
THE STATE OF THE S	A CAROLINA C			
* EST QUAM VIDEN		Ry Ban		8
	Signat	ure of Certifying Officia	l Certificat	e Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 04/09/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG902001 Exp Date: 01/20/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Za Ben & Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 534
Test Date: 04/09/2010 Test Time: 11:57pm EDT

System Check: Passed

Baseline Tests

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

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	11:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58pm

Preventive Maintenance Status: Pass

Pass

11:58pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFOZO	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	Serial No. <u>008647</u>		GREENSBORG, NC
The preventi four months	ive maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a egree centigrade;	lcoholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	ı	
10.	Verify that the ethanol gas can is simulator solution is being chan, whichever occurs first.	ter is being changed before ged every four months or a	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
certify that on procedures wer Department of	n the day of A P F re performed on the instrument indic Health and Human Services, and the	2016 cated above, in accordance e instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C.
OT THE STATE OF TH	NOS IN CAROLINA		
SSE QUAM VIDEO	_ alu ?	ure of Certifying Official	448
	Signati	are of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 04/09/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	11:34pm 11:36pm
ACCY CHK	.08	11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 748
Test Date: 04/09/2010 Test Time: 11:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:41pm
FLO	Pass	11:41pm
FC	Pass	11:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:42pm
SRC	Pass	11:42pm
DET	Pass	11:42pm
BAR	Pass	11:42pm
BT	Pass	11:42pm

Blank Tests

Test	Status	Time
AIR	Pass	11:42pm

Printer Tests

Status	Time
Pass	11:42pm
CRC Tests	
Status	Time
	Pass CRC Tests

Preventive Maintenance Status: Pass

Pass

Pass

11:42pm

11:42pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hy	de Instrument Location Hyde Co. S.D Octatoke
Instrument Seria	11 No. 00 89/8 NC 12, Octacoke, N.C.
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
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008918 Test Date: 04/06/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:13pm 3:14pm
ACCY CHK	.07	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
ATR BLK	. 00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Amalyst

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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008918 Test Record Number: 169
Test Date: 04/06/2010 Test Time: 3:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 · 22nm

Printer Tests

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

3:22pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst :

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Seunswick Instrument Location B47 Mobile animal derial No. 008898
Instrument S	erial No. <u>(V 00 8 7 8</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 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.
TARE STATION OF THE S	

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 373
Test Date: 04/03/2010 Test Time: 1:12am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:12am 1:12am
FC	Pass	1: 12am

Temperature Tests

Test	Status	Time
FC1	Pass	1:12am
SRC	Pass	1:12am
DET	Pass	1:12am
BAR	Pass	1:12am
BT	Pass	1:12am

Blank Tests

Test	Status	Time
ΔTR	Pass	1 · 13am

Printer Tests

Test	Status	Time
PRNT	Pass	1:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:13am

Pass

1:13am

Preventive Maintenance Status: Pass

CAL

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 04/03/2010

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

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective: 10/01/2009-10/01/2011

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

Lot Number: AG814002

Exp Date: 05/19/2010

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

Reported AC: .00 g/210L

Court CVR

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	RUNSWICK Instrument Location BAT Mobile Uni
Instrument S	erial No. <u>OO8869</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATE STATE VAN 20. 17 VAN 20. 17 VAN 20. 17 VAN 20. 17 VAN 20. 17	
	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 260
Test Date: 04/02/2010 Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Status

Printer Tests

Test

CAL

PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:02pm

Pass

Time

10:02pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 04/02/2010

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

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective: 10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG814002 Exp Date: 05/19/2010

g/210L	Time
Pass .00 .07 .00	9:52pm 9:54pm 9:54pm 9:55pm 9:55pm 9:56pm
	9:56pm
.00	9:59pm
	Pass .00 .07 .00 .00

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK Instrument Location BAT Mobile Unite
Instrument S	BRUNSWICK Instrument Location BAT Mobile United Serial No. 008939
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE STATE OF THE CREATER OF THE CREATE	

BRUNSWICK COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 341
Test Date: 04/02/2010 Test Time: 9:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:55pm

Printer Tests

Status Time

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 04/02/2010

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG814101 Exp Date: 05/20/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RECEIVED APRO 9 2000 FTA BRANCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	INTOXIMETERS, MODEL INTOX ECONO
County	JIM BERLAND Instrument Location FORT BRAGG,
Instrument Seria	INO. 008908 CEC. MPStation
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.
	the



Signature of Certifying Official

Certificate Number

'CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 04/05/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:05pm
AIR BLK	.00	1:06pm
ACCY CHK	.08	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
ATR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 650 Test Date: 04/05/2010 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
\mathtt{BT}	Pass	1:12pm

Blank Tests

Test	Status	Time
ATR	Pass	1 · 1 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

RECEIVED APR 09 2010 APR 09 2010 FTA BRANCH DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR ENSIC TESTS FOR ALCOHOL BRANCH PREVENTIVE MAINTENANCE PREVENTE MAINTENANCE PREVENT

α_{i}	INTOXIMETERS, MODEL INTOX EC/IR II MOER/AND Instrument Location FORT SRAGE
County 1	Instrument Location + ORT 5RAGG
Instrument Ser	rial No. 008903 LEC. M.P. Station
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.
	n the
STATE ON STATE OF STA	

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

DHHS 4080 (11/07)

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 04/05/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 349
Test Date: 04/05/2010 Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County County	Instrument Location (OMERTON)
FTA Instrument Serial	No. 005836 LEC, Worth CAROLINA
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he <u>O Z</u> day of <u>PR</u> day of , 20 / <u>O</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TARE QUANVIORS	100 7. Sunnow 578
	Signature of Certifying Official Certificate Number

LUMBERTON, LEC. ROBESON COUNTY 770

Serial Number: 008836 Test Date: 04/07/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:22pm
ACCY CHK	.08	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
ATR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LUMBERTON, LEC. ROBESON COUNTY 770

Serial Number: 008836 Test Record Number: 875
Test Date: 04/07/2010 Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
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	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:31pm

Pass

1:31pm

Preventive Maintenance Status: Pass

CAL

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County_	FILE	BES	61 J		Instrume	nt Location_	+	ent	JRO <u>K</u>	<u> </u>	
Instrume	nt Serial	No.	<u> 2880</u>	<u>8:7</u>	7	3/10	E	DE	pt.		
The prev		aintenanc	e procedures	for the In	ntoximeters, l	Model Intox	EC/IR	II to be fo	ollowed at le	ast once eve	ery
1.		Verify th 34 degre	e ethanol gas es, plus or mir	canister o	displays pres gree centigra	sure, or the a	alcoho	lic breath	simulator th	ermometer s	hows
2.		Verify in	strument disp	lays time	and date;						
3.		Initiate b	reath test sequ	ience;							
4.		Enter inf	ormation as p	rompted;							
5.		Verify in	strument accu	racy;							
6.		When "P	LEASE BLO	W" appe	ears, collect b	reath sample	e;				
7.		When "P	LEASE BLO	W" appe	ears, collect b	reath sample	e;				
8.		Print test	record;								
9.		Verify D	iagnostic Prog	gram; and	i						
10.		simulator	at the ethanol r solution is be er occurs first.	eing chan	ster is being nged every fo	changed befour months o	ore ex r after	piration da 125 Alcol	nte, or the ale holic Breath	coholic brea Simulator to	th ests,
I certify procedur Departm	res were	performed	day of day of on the instru	ment ind	icated above he instrumen	, 20 , in accordar it is function	ice wi	th current	oing prevent regulations	ive mainten of the N.C.	ance
GREAT SEA	STATE OF NO.	TH CAR				· v.	,				
	OUAM VIDER	OIIVA B	Pau		7. S	ULV			Cartific	3	<u> </u>

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 04/07/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG901901 Exp Date: 01/19/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:30pm 2:31pm 2:31pm 2:32pm 2:33pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 151

Test Date: 04/07/2010 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	

rest	Status	1 ± me
COMP	Pass	2:38pm
CAL	Pass	2:38pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORENSIC TESTS FOR ALCOHOL BRANCH PREVENTIVE MAINTENANCE RECORD OXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 06 day of APRIL , 20 / O the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 04/06/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:10pm
AIR BLK	.00	3:11pm
ACCY CHK	.08	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
ATR BLK	0.0	3 · 17pm

Reported AC: .00 g/210L.

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 291 Test Date: 04/06/2010 Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:21pm 3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

3:22pm

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES PREVENTIVE MAINTENANCE RECORD INTOXIMETEDS MODEL INTOXICED IN

, porture	intoximeters, model intox ec/ir ii
County	UMBERIAND Instrument Location TSPE AIRFORCE DA
Instrument Se	erial No. <u>CO S787</u> <u>SECURITY FORCES</u>
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
A WITTO SEE ALL CREATERS THE CR	CAROLINA STATE OF THE STATE OF

POPE AIR FORCE BASE SECURITY FORCES
CUMBERLAND COUNTY

Serial Number: 008787 Test Date: 04/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:22pm 2:23pm 2:23pm
AIR BLK SUB TEST	.00 .00	2:24pm 2:25pm
AIR BLK	.00	2:25pm 2:25pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

Serial Number: 008787 Test Record Number: 123 Test Date: 04/05/2010 Test Time: 2:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:30pm 2:30pm

Preventive Maintenance Status: Pass

Analyst

RECEIVED

DEPAREMENT OF HEALTH AND HUMAN SERVICES

PREVENTIVE MAINTENANCH

PREVENTIVE MAINTENANCH

INTOXIMETERS, MODEL INTOX EC/IR II

County_	Ro	BESON	Instrument Location	5t. AULS
Instrumer	nt Serial	No. <u>608814</u>	Palice	DEPT
The preve		aintenance procedures for the	Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.		Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		coholic breath simulator thermometer shows
2.		Verify instrument displays tin	ne and date;	
3.		Initiate breath test sequence;		
4.		Enter information as prompte	d;	
5.		Verify instrument accuracy;		
6.		When "PLEASE BLOW" appears, collect breath sample;		
7.		When "PLEASE BLOW" appears, collect breath sample;		
8.		Print test record;		
9.		Verify Diagnostic Program; a	nd	
10.		Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before anged every four months or	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedure	es were p	ne <u>07</u> day of 1 performed on the instrument in ealth and Human Services, and	idicated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C. g properly.
CREAT SCALE	TIATE OF NO.	Sig	gnature of Certifying Officia	Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 04/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:15am 11:16am 11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 193 Test Date: 04/07/2010 Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:23am
Pass Pass	11:23am 11:23am
	Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTP	Dacc	11.24am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

FORENSIC TESTS FOR ALCOHOL BRANCH PREVENTIVE MAINTENANCE PREVENTIVE MAINTENA INTOXIMETERS, MODEL INTOX EC/IR II

County	ROBESON Instrument Location (UMBERTON)
Instrumen	t Serial No. <u>PO 8805</u> LEC, NoRTH CAROLINA
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the
LINE CINEAR SEA	

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

Signature of Certifying Official

Certificate Number

LUMBERTON, LEC. LUMBERTON COUNTY 770

Serial Number: 008805 Test Date: 04/07/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:13pm
ACCY CHK	.08	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
ATR BLK	. 00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LUMBERTON, LEC. LUMBERTON COUNTY 770

Serial Number: 008805 Test Record Number: 775 Test Time: 1:19pm EDT Test Date: 04/07/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Tim∈
COMP	Pass	1:21pm

1:21pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE PREVENTIVE PREVENTIVE MAINTENANCE PREVENTIVE PREVENTI

County /	Instrument Location #OKE COUNTY
Instrument Seria	No. 005855 Detention Center
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>Oo</u> day of <u>PRIC</u> , 20 <u>IO</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE OF THE STATE OF THE STAT	

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

Signature of Certifying Official

Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 04/06/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

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

pe of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:40pm 3:41pm 3:41pm
ACCY CHK AIR BLK	.08 .00	3:42pm
SUB TEST AIR BLK	.00 .00	3:43pm 3:43pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 369
Test Date: 04/06/2010 Test Time: 3:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	3:47pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:48pm

CAL

Analyst

PREVENTIVE MAINTEEN PREVENTIV

20	INTOXIMETERS, MODEL INTOX EC/IR II	
County//	MBERLAND Instrument Location CUMBERLAND	<u>(250</u>
Instrument Seri	rial No. 00 8633 DETENTION CENTER	
The preventive four months are	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ire:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	ter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	breath for tests,
procedures wer	on the	ntenance .C.
THE STATE OF THE S	Signature of Certifying Official Certificate Num	nber

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

COUNTY DETENTION CTR 250 CUMBERLAND

> Serial Number: 008633 Test Date: 04/06/2010

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

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective:

10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 1030
Test Date: 04/06/2010 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:33am	

Printer Tests

Test

PRNT	Pass	11:33am
	CRC Tests	
Test	Status	Time

Status

Time

Test	Status	1 1.1110	
COMP	Pass	11:33am	
CAL	Pass	11:33am	

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	<i>llamance</i>	Instrument Location_	BAT MOBILE	UNIT 3
Instrument	Serial No. <u>008616</u>		MEBANE, DC	
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath simulator	thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1 ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	•	
7.	When "PLEASE BLOW" app	ears, collect breath sample		
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed befo nged every four months or	re expiration date, or the a after 125 Alcoholic Breat	alcoholic breath h Simulator tests,
procedures w	on the <u>03</u> day of AP, were performed on the instrument income of Health and Human Services, and	licated above, in accordanc		ntive maintenance of the N.C.
STATE STATE OF THE	S A CONTROLLING CARGOLING			
TO QUANTIL	alm	Rey Bangarature of Certifying Officia	∍ ∠	648
	Sign	ature of Certifying Officia	l Certifi	cate Number

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

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008616 Test Date: 04/03/2010

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

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

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

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903 Exp Date: 02/18/2011

Pass .00 .07 .00	9:46pm 9:47pm 9:48pm 9:49pm 9:49p m
	9:50pm
	9:52pm
.00	9:53pm
•	.00 .07 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008616

Test Record Number: 789 Test Date: 04/03/2010 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:55pm
CAL	Pass	9:55pm

Preventive Maintenance Status: Pass

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Alamance	Instrument Location_	BAT MOBILE UNIT 3
Instrumen	t Serial No. <u>008647</u>		BAT MOBILE UNIT 3 MEBANE, NC
The preve		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic 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; an	d	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		licated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
STATE OF THE STATE	NE or NO ARCHAROLAN		
* FSE QUA	alm	Ray Ban	s 648
	Sign	ature of Certifying Officia	Certificate Number

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

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Date: 04/03/2010

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Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective:

10/01/2009-10/01/2011

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

> Lot Number: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	10:36pm
AIR BLK	.00	10:37pm
ACCY CHK	.08	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Record Number: 744
Test Date: 04/03/2010 Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:44pm

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location JOHN	STONG.JAK	
Instrument Ser	rial No. <u>D08810 </u>	VC	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to l	be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,	
procedures we	on the <u>30</u> day of <u>PRIC</u> , 20 <u>/0</u> the tere performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.	
OF THE STATE OF THE CREAT SERVICE OF THE CREAT SERV	Signature of Certifying Official	Certificate Number	

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 04/30/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925201 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:56am 10:57am 10:57am 10:58am
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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 668 Test Date: 04/30/2010 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 SRC DET BAR	Pass Pass Pass Pass	11:04am 11:04am 11:04am 11:04am
BT	Pass	11:04am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:05am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst