PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wafe	Instrument Location 5/1/2	BAT Unit
Instrumen	t Serial No. <u>ACEGZ</u>	9	
The preve		the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic brea .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	
4.	Enter information as prom	apted;	
5.	Verify instrument accurac	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	m; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath Icoholic Breath Simulator tests,
procedure	s were performed on the instrument	the formation in the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
CREAT SE	CAROUM STATE OF THE STATE OF TH	. C. Amada	601
		Signature of Cartifying Official	Certificate Number

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Record Number: 202 Test Date: 02/18/2010 Test Time: 8:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:22pm
FLO	Pass	8:22pm
FC	Pass	8:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:23pm
SRC	Pass	8:23pm
DET	Pass	8:23pm
BAR	Pass	8:23pm
BT	Pass	8:23pm

Blank Tests

Test	Status	Time
AIR	Pass	8:23pm

Printer Tests

rest	Status	TIME
PRNT	Pass	8:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:24pm 8:24pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Date: 02/18/2010

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: AG925102 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	8:11pm 8:13pm
ACCY CHK	.08	8:13pm
AIR BLK	.00	8:14pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm
SUB TEST	.00	8:17pm
AIR BLK	.00	8:19pm

-- /0101

m - ----

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

F. C. Moch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on the day of da		
MATERIAL STATES AND SECTION OF SE			

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910 Test Record Number: 103 Test Date: 02/18/2010 Test Time: 7:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:28pm
FLO	Pass	7:28pm
FC	Pass	7:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:28pm
SRC	Pass	7:28pm
DET	Pass	7:28pm
BAR	Pass	7:28pm
BT	Pass	7:28pm

Blank Tests

Test	Status	Time
AIR	Pass	7:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:29pm 7:29pm

Preventive Maintenance Status: Pass

Analyst

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910 Test Date: 02/18/2010

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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	7:32pm 7:33pm 7:33pm 7:34pm 7:35pm 7:36pm
SUB TEST	.00	7:37pm
AIR BLK	.00	7:38pm

Reported AC: .00 g/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	PAUEN Instrument Location 18AT 19.6.1 CUBITG
Instrument Seria	1 No. 008869 NON BORN
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 2 day of
OTHE STATE OF ANY 20. 1772	Signature of Certifying Official Certificate Number

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Record Number: 221 Test Date: 02/26/2010 Test Time: 7:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:20pm
FLO	Pass	7:20pm
FC	Pass	7:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:20pm
SRC	Pass	7:20pm
DET	Pass	7:20pm
BAR	Pass	7:20pm
BT	Pass	7:20pm

Blank Tests

Test	Status	Time
ATR	Pass	7 · 20rom

Printer Tests

Status

Time

Test

PRNT	Pass	7:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:21pm 7:21pm

Preventive Maintenance Status: Pass

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 02/26/2010

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: 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	7:12pm
AIR BLK	.00	7:13pm
ACCY CHK	.07	7:14pm
AIR BLK	.00	7:14pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	.00	7:17pm
ATR BLK	. 00	7:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

T. Chlode
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location BAT MOBILE UNITE
Instrument Seria	and the state of t
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 I	the day of day o
THE STATE OF A PART OF A P	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 347
Test Date: 02/18/2010 Test Time: 9:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:03pm
FLO	Pass	9:03pm
FC	Pass	9:03pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:04pm 9:04pm

Preventive Maintenance Status: Pass

K. C. Miske

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 02/18/2010

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	8:55pm
AIR BLK	.00	8:56pm
ACCY CHK	.07	8:57pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lead Heinover Instrument Location 347	MobileUnite
Instrument Se	rial No. <u>C08869</u> <u>Sleviffs</u>	Office
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e 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;	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" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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 Al whichever occurs first.	
	n the	orgoing preventive maintenance ent regulations of the N.C.
CREATER AND CORE AND	Notation of the state of the st	601
	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Test Record Number: 215 Serial Number: 008869 Test Time: 8:44pm EST Test Date: 02/18/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:44pm
FLO	Pass	8:44pm
FC	Pass	8:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:45pm
SRC	Pass	8:45pm
DET	Pass	8:45pm
BAR	Pass	8:45pm
BT	Pass	8:45pm

Blank Tests

Test	Status	Time
ΔTD	Dacc	9 · 4 5 mm

Printer Tests

Test

PRNT	Pass	8:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:45pm 8:45pm

Status

Time

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 02/18/2010

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	Pass	8:36pm 8:37pm
ACCY CHK	.07	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm
SUB TEST	.00	8:42pm
AIR BLK	.00	8:42pm

.00 g/210L Reported AC:

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Wew Hanover Instrument Location 1347 Meb. Je Write
Instrume	nt Serial No. 008939 Shell. 165 04600
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
ANT GREAT P. S.	STATE OF NO. 1777 NO.
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 324
Test Date: 02/18/2010 Test Time: 8:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:56pm
FLO	Pass	8:56pm
FC	Pass	8:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:56pm
SRC	Pass	8:56pm
DET	Pass	8:56pm
BAR	Pass	8:56pm
BT	Pass	8:56pm

Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	8 · 57 mm

Printer Tests

Test	Status	Time
PRNT	Pass	8:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:57pm 8:57pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008939 Test Date: 02/18/2010

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	Pass	8:48pm
AIR BLK	.00	8:49pm
ACCY CHK	.08	8:49pm
AIR BLK	.00	8:50pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	.00	8:53pm
ATR BLK	.00	8:54pm

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jc	Instrument Location BAT MoSile Unit
Instrument Seria	Il No. <u>COEE 69</u>
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	theday of, 20
TO THE STATE OF A PART OF	Signature of Certifying Official Certificate Number

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008869 Test Record Number: 226
Test Date: 02/27/2010 Test Time: 11:51pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:52pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008869 Test Date: 02/27/2010

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: 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 .00	11:43pm 11:44pm 11:45pm 11:46pm 11:46pm 11:48pm
ATR BIK	00	11:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008898 Test Record Number: 355 Test Date: 02/27/2010 Test Time: 11:21pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:22pm
SRC	Pass	11:22pm
DET	Pass	11:22pm
BAR	Pass	11:22pm
BT	Pass	11:22pm

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:23pm 11:23pm

Preventive Maintenance Status: Pass

Analyst

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008898 Test Date: 02/27/2010

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: 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	Pass .00 .07 .00 .00	11:13pm 11:14pm 11:15pm 11:16pm
AIR BLK SUB TEST	.00 .00	11:17pm 11:18pm
AIR BLK	.00	11:19pm

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

E. C. Choch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FACIFAR Instrument Location BAT Mobile levi, T
Instrument Se	erial No
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 26 day of 281163116311 2010 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.

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

Signature of Certifying Official

Certificate Number

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008788 Test Record Number: 346
Test Date: 02/26/2010 Test Time: 9:57pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:58pm
FLO	Pass	9:58pm
FC	Pass	9:58pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:59pm

Preventive Maintenance Status: Pass

Pass

CAL

9:59pm

Analyst

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008788 Test Date: 02/26/2010

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: 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	Pass	10:01pm
AIR BLK	.00	10:02pm
ACCY CHK	.08	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm
SUB TEST	.00	10:06pm
AIR BLK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HALIFAL	Instrument Location 527 (nibile linit
Instrument	Serial No	9.82.	
The preven	•	s for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		s canister displays pressure, or the alcoholic bre inus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument dis	plays time and date;	
3.	Initiate breath test sec	quence;	
4.	Enter information as	prompted;	
5.	Verify instrument acc	euracy;	
6.	When "PLEASE BLO	OW" appears, collect breath sample;	
7.	When "PLEASE BLO	OW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pro	ogram; and	
10.		ol gas canister is being changed before expirationeing changed every four months or after 125 Att.	
procedures	were performed on the instri	the fument indicated above; in accordance with currences, and the instrument is functioning properly.	ent regulations of the N.C.
ALE STATE OF THE CREAT OF THE C	SE ON OCHM CAROLINA TO THE TOTAL TO THE TOTA	Signature of Certifying Official	Certificate Number

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008698 Test Record Number: 454
Test Date: 02/26/2010 Test Time: 10:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:08pm
CAI.	Pagg	10.08pm

Preventive Maintenance Status: Pass

Analyst

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008698 Test Date: 02/26/2010

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: 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	Pass	9:59pm 10:00pm
ACCY CHK	.08	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Stel 6.11 10 pm

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HACIFAY Instrument Location BALLUBILE Con, T#
Instrumen	t 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the day of felloway, 20/0 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
THE GREAT FOR STATE OF STATE O	

Intox EC/IR-II: \(\gamma\) Preventive Maintenance

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008600 Test Record Number: 582 Test Date: 02/26/2010 Test Time: 10:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:24pm
FLO	Pass	10:24pm
FC	Pass	10:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:24pm
SRC	Pass	10:24pm
DET	Pass	10:24pm
BAR	Pass	10:24pm
BT	Pass	10:24pm

Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:25pm
	CRC Tests	
Test	Status	Time

10:25pm

10:25pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008600 Test Date: 02/26/2010

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: 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 SUB TEST	Pass .00 .08 .00 .00 .00	10:14pm 10:15pm 10:16pm 10:17pm 10:18pm 10:19pm 10:21pm
AIR BLK	.00	10:22pm

Sul 6.111 ofer

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKlin	Instrument Location_	DAI MU	B.LE LUIT
Instrume	nt Serial No. DOF660			
The preve	entive maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simu	ilator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sampl	e;	
7.	When "PLEASE BLOW" appe	ars, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed bef ged every four months o	ore expiration date, or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
procedure	hat on the 25 day of 60 da	cated above, 術 accordai	nce with current regu	preventive maintenance lations of the N.C.
STATE OREAL SECTION OF THE CONTRACT OF THE CON	C AROUND THE	Jack Continued of Certifying Office	Mafai	S 636 Certificate Number

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

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008600 Test Record Number: 584
Test Date: 02/27/2010 Test Time: 10:39pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

Printer Tests

Test

PRNT	Pass	10:40pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 10:40pm CAL Pass 10:40pm

Preventive Maintenance Status: Pass

Analyst

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008600 Test Date: 02/27/2010

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: 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 SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:30pm 10:31pm 10:32pm 10:33pm 10:33pm 10:35pm 10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANKING Instrument Location SA (MoBel & Court
Instrument Se	erial No. <u>CC 5788</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	CAROLL CA

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

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008788 Test Record Number: 351 Test Date: 02/27/2010 Test Time: 9:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:37pm

Preventive Maintenance Status: Pass

Pass

9:37pm

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008788 Test Date: 02/27/2010

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: 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	Pass	9:27pm 9:28pm
ACCY CHK	.08	9:29pm
AIR BLK SUB TEST	.00 .00	9:29pm 9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	FRANKLIN Instrument Location BAT MUBILE CO. T.
Instrume	nt Serial No
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	hat on the day of harmy, 2010 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.
THE CREAT SECTION OF S	TATE OF ALOUS AND

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

Signature of Certifying Official

Certificate Number

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008698 Test Record Number: 458 Test Time: 9:37pm EST Test Date: 02/27/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:37pm
FLO	Pass	9:37pm
FC	Pass	9:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
ATR	Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:38pm 9:38pm

Preventive Maintenance Status: Pass

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008698 Test Date: 02/27/2010

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: 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	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mac	Instrument Location Mars Hill PD INO. 008599 Mars Hill, NC
Instrument Seria	INO. 008599 Mars Hill, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the
STATE OF N. STATE	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Date: 02/01/2010

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	12:25pm 12:26pm
ACCY CHK	.08	12:27pm
AIR BLK SUB TEST	.00 .00	12:28pm 12:29pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Record Number: 324
Test Date: 02/01/2010 Test Time: 12:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:33pm 12:33pm
FC	Pass	12:33pm

Temperature Tests

Test Status Time	
FC1 Pass 12:33	om
SRC Pass 12:33	om
DET Pass 12:33	om
BAR Pass 12:33	om.
BT Pass 12:33	om.

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:34pm 12:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	clison Instrument Location Mais Hill PD
Instrument Ser	ial No. 008582 Mars Hill, 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	n the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 02/01/2010

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: 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 B L K	Pass	12:25pm 12:26pm
ACCY CHK	.08	12:26pm
AIR BLK	.00	12:28pm
SUB TEST AIR BLK	.00 .00	12:28pm 12:29pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 638
Test Date: 02/01/2010 Test Time: 12:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:34pm 12:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	erial No. 102 863/ Instrument Location Buscombe Co Juil Asheville, w.C.
Instrument S	erial No. <u>00 8631</u> <u>Ashev. 11e, v.C.</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.
procedures v	on the day of February 20/12 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION TO THE STATIO	REST AND THE CARD
warmen of the second	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631 Test Date: 02/18/2010

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	3:33pm 3:34pm
ACCY CHK	.08	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 1187
Test Date: 02/18/2010 Test Time: 3:41pm EST

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Box	al No. 93 8697 Instrument Location Buncombe Co. Jail
Instrument Seria	al No. 00 8697 Asheville, 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 18 day of February, 20/0 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Selection of the select
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008697 Test Date: 02/18/2010

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	3:34pm 3:35pm
ACCY CHK AIR BLK	.08 .00	3:36pm 3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 858 Test Date: 02/18/2010 Test Time: 3:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
BT	Pass	3:43pm

Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:44pm 3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bon	combe Instrument Location Burcombe Co. Jail
Instrument Seria	Instrument Location Burcoupe Co. Ja. 1 1 No. 006798 Asheville , we
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 / 8 day of February , 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.
THE STATE OF NO. 1772 AND 1772	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798 Test Date: 02/18/2010

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: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	3:34pm 3:35pm
ACCY CHK	.08	3:35pm 3:36pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 1438
Test Date: 02/18/2010 Test Time: 3:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Status	Time
Pass	3:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:44pm

Preventive Maintenance Status: Pass

Pass

3:44pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County # @	derson	Instrument Location Heads 150.	1 Ca Datentian
Instrument Se	rial No. <u>00 8406</u>	tenters	saldle, NC
The preventiv four months a		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 alcoholic breat egree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ł;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	on the /E day of February day of Health and Human Services, and	dicated above, in accordance with currer the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
TO THE STATE OF TH	ASS AROUN		hliles
	Sig	nature of Certifying Official	Certificate Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 02/18/2010

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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	6:23pm
AIR BLK	.00	6:24pm
ACCY CHK	.08	6:25pm
AIR BLK	.00	6:26pm
SUB TEST	.00	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:29pm
ATR BLK	.00	6:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 566
Test Date: 02/18/2010 Test Time: 6:32pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:32pm
FLO	Pass	6:32pm
FC	Pass	6:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:32pm
SRC	Pass	6:32pm
DET	Pass	6:32pm
BAR	Pass	6:32pm
\mathtt{BT}	Pass	6:32pm

Blank Tests

Test	Status	Time
ATR	Pass	6:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:33pm

CRC Tests

Test	Status	Time
COMP	Pass	6:33pm
CAL	Pass	6:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•		Instrument Location Healerson	
Instrument Se	erial No. <u>00 8 12 2</u>	Hendersonvi	He INC
			· · · · · · · · · · · · · · · · · · ·
The preventive four months a		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath ree 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" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration da ged every four months or after 125 Alcol	
I certify that of procedures we Department of	on the <u>/ &</u> day of <u>Februa</u> ere performed on the instrument indic f Health and Human Services, and th	, 20// the forgo cated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CONTROL OF THE CONTRO	O A O O TO O TO O TO O TO O TO O TO O T		
TO MAN VIEW OF THE PROPERTY OF	MATT.	}	649
	Signa	Ture of Certifying Official	Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 02/18/2010

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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	6:24pm
AIR BLK	.00	6:25pm
ACCY CHK	.08	6:26pm
AIR BLK	.00	6:27pm
SUB TEST	.00	6:27pm
AIR BLK	.00	6:28pm
SUB TEST	.00	6:30pm
ATR BLK	. 00	6:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 744
Test Date: 02/18/2010 Test Time: 6:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:32pm
FLO	Pass	6:32pm
FC	Pass	6:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:32pm
SRC	Pass	6:32pm
DET	Pass	6:32pm
BAR	Pass	6:32pm
BT	Pass	6:32pm

Blank Tests

Test	Status	Time
AIR	Pass	6:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:33pm 6:33pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (tawba	Instrument I	ocation Hickory	P. D.
Instrument Seria	nl No. <u>CO884</u>		nd Ave. SW, 24-3060	Hickory
The preventive r	maintenance procedures for t	he Intoximeters, Mod	iel Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .		e, or the alcoholic breath sin	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.	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 char changed every four r	nged before expiration date nonths or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
	he	indicated above, in		g preventive maintenance gulations of the N.C.
THE STATE OF NO.	DE IN CAROLINA		1: V/2.	general galance commenced
acaman and a second	<u></u>	Signature of Certifyir	g Official	Certificate Number
		/		

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 02/25/2010

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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	7:39pm
AIR BLK	.00	7:40pm
ACCY CHK	.07	7:41pm
AIR BLK	.00	7:42pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:45pm
AIR BLK	.00	7:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 563
Test Date: 02/25/2010 Test Time: 7:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:47pm
FLO	Pass	7:47pm
FC	Pass	7:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:48pm
SRC	Pass	7:48pm
DET	Pass	7:48pm
BAR	Pass	7:48pm
BT	Pass	7:48pm

Blank Tests

Test	Status	Time
AIR	Pass	7:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:49pm 7:49pm

Preventive Maintenance Status: Pass

Bolly D. WW.

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HIWDO	Instrument Location ()	bo County P.D.
Instrument Seri	al No. <u>0082</u>	1608 Southwest Bh 828-464-5241	id. Newton
The preventive four months are		r the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	nister displays pressure, or the alcoholic breath s .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	cy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	ım; and	
10.		as canister is being changed before expiration d ag changed every four months or after 125 Alco	
	performed on the instrume	the forgent indicated above, in accordance with current, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF A	ON W CAROLINA	Signature of Certifying Official	Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 02/25/2010

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: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG	Pass	6:31pm
AIR BLK	.00	6:32pm
ACCY CHK	.07	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:36pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm

Reported AC: .00 g/210L

Bylly D. Willis

Court CVR

Bofley D. Willis

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 472 Test Date: 02/25/2010 Test Time: 6:39pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
\mathtt{BT}	Pass	6:39pm

Blank Tests

Test	Status	Time
ATR	Pass	6:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:40pm

Pass

6:40pm

Preventive Maintenance Status: Pass

CAL

Bobley D. Wellis Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

α_{-}	1 bo	ETEKS, MODEL INT	(3) I
County 1	+7WDC	Instrument Location	CHANNEY County S.D.
Instrument Seria	ul No. <u>00868</u>	1 100 B South	west Blvd., Newton
		828-464-	*
The preventive r		or the Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas c 34 degrees, plus or mine		Icoholic breath simulator thermometer show
2.	Verify instrument displa	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	;
7.	When "PLEASE BLOW	" appears, collect breath sample;	;
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.	Verify that the ethanol g simulator solution is bei whichever occurs first.	as canister is being changed beforing changed every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that on a procedures were Department of H	performed on the instrum	nent indicated above, in accordances, and the instrument is functioning	$\frac{\int C}{\int C}$ the forgoing preventive maintenance with current regulations of the N.C. ng properly.
OF THE STATE OF A	OPAN CAROLINA	Signature of Certifying Officia	(((c) 55]

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 02/25/2010

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	6:05pm 6:06pm 6:06pm 6:07pm 6:08pm 6:09pm 6:10pm
AIR BLK	.00	6:11pm
		- · E- · · ·

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 778
Test Date: 02/25/2010 Test Time: 6:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
\mathtt{BT}	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:14pm

Preventive Maintenance Status: Pass

Pass

6:14pm

CAL

Bolley D. Willis
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	eston	Instrument Location(iaston Co	unty S.D.
Instrument Seria	1 No. <u>008643</u>	425 N. Abril 704-869-6	etha 5t., 800	Gastonia
The preventive n four months are:	-	e Intoximeters, Model Intox E	C/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alc degree centigrade;	oholic breath simul	ator thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	.,		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program	and		
10.		canister is being changed before changed every four months or a		
I certify that on t procedures were Department of H	he day of performed on the instrument ealth and Human Services, a	-ebruary, 20 / indicated above, in accordance and the instrument is functioning	the forgoing p with current regula g properly.	preventive maintenance ations of the N.C.
CREATE OF NOTICE	CAROLINA CAR	ignature of Certifying Official		5 7 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 02/22/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:22pm 5:23pm
ACCY CHK	.08	5:23pm
AIR BLK	.00	5:24pm
SUB TEST	.00	5:25pm
AIR BLK	.00	5:26pm
SUB TEST	.00	5:27pm
AIR BLK	.00	5:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 826 Test Date: 02/22/2010 Test Time: 5:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:31pm
FLO	Pass	5:31pm
FC	Pass	5:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:32pm
SRC	Pass	5:32pm
DET	Pass	5:32pm
BAR	Pass	5:32pm
BT	Pass	5:32pm

Blank Tests

Test	Status	Time
AIR	Pass	5:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:32pm 5:32pm

Preventive Maintenance Status: Pass

5:32pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II		
County (Athertord Instrument Location Forest City P.D.		
Instrument Serie	al No. <u>008889</u> 1875. Church St. Forest City		
	828-245-5555		
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 the day of			
O'THE STATE OF A STATE	Bally L. Walls Signature of Certifying Official Certificate Number		

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 02/12/2010

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: 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	Pass	1:10pm 1:11pm
ACCY CHK	.07	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

/010T TT

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 259
Test Date: 02/12/2010 Test Time: 1:17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	'l'ıme
PRNT	Pass	1:19pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:19pm
CAL	Pass	1:19pm

Preventive Maintenance Status: Pass

DOFLY D. WU Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ru	therford Instrument Location Rutherford County 5. D.		
Instrument Seria	400 N. Washington St, Rutherfordton 828 - 627 - 6247		
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.	6. When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the		
THE STATE OF NO. 10 TO	Signature of Certifying Official Certificate Number		

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 02/12/2010

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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:22am 10:23am 10:24am 10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am

Reported AC: 00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 407 Test Date: 02/12/2010 Test Time: 10:31am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:32am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:32am

Printer Tests

Test

CAL

PRNT	Pass	10:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:33am

Status Time

Pass 10:33am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	eveland Instrument Location Cleveland County 5.D.
Instrument Seri	al No. 008893 100 Justice Pl., Shelby
	704 - 484 - 4888
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 8 day of February, 20 0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 02/08/2010

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: 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: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.08	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:56pm
ATR BLK	. 00	1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 475
Test Date: 02/08/2010 Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:00pm 2:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ſ	INTOXIMETERS, MOD	EL INTOX EC/IR	11
County !	EVELAND Instrument	Location Clevelane	1 County 5.D.
Instrument Seria	ial No. <u>003887</u> 1003	Justice Pl. 484-4888	Shelby
The preventive r four months are:	maintenance procedures for the Intoximeters, M	odel Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays presso 34 degrees, plus or minus .2 degree centigrado		imulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed every fou whichever occurs first.		
	the S day of Februal re performed on the instrument indicated above, i Health and Human Services, and the instrument	n accordance with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF N. ST	Signature of Certify	ying Official	55 Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Date: 02/08/2010

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: 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: AG920303 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:24pm 1:25pm 1:25pm
AIR BLK SUB TEST	.00 . 00	1:26pm 1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Record Number: 467
Test Date: 02/08/2010 Test Time: 1:31pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:33pm 1:33pm

Preventive Maintenance Status: Pass

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location_	BATMOBILE	UNIT 3
Instrument	t Serial No. <u>008707</u>		CHARLOTTE	λc
The prever	ntive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed a	at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2		alcoholic breath simulator	r 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	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.			
procedures	at on the <u>35</u> day of <u>Fo</u> were performed on the instrument in t of Health and Human Services, and	ndicated above, in accordance		entive maintenance as of the N.C.
STAN STAN STAN STAN STAN STAN STAN STAN	THE O'NOO! HE CAROUMAN CAROUMA	0		
AND SOE OUN	_ Clim	Kay Barnes		048
	Sig	nature of Certifying Officia	ıl Certi	ficate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 02/25/2010

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	11:44pm 11:45pm 11:45pm 11:46pm 11:47pm 11:48pm
SUB TEST	.00	11:48pm
AIR BLK	.00	11:50pm

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: 505 Test Date: 02/25/2010 Test Time: 11:50pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	PECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Ser	rial No. OO8647 CHARLOTTE, DC
The preventive	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months ar	re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures wer	the <u>26</u> day of <u>FEB</u> , 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE COLE ALL THE C	
William Sand	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 02/25/2010

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 AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:30pm 11:31pm 11:32pm 11:33pm 11:34pm
AIR BLK	.00	11:35pm 11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen hy Bonns
Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 699
Test Date: 02/25/2010 Test Time: 11:37pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. CHARLOTTE, NC
The prever four month	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.
procedures	t on the
STA	C C C C C C C C C C C C C C C C C C C
	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 02/25/2010

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 .07	11:16pm 11:17pm 11:17pm 11:18pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 732 Test Date: 02/25/2010 Test Time: 11:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:23pm 11:23pm
FC	Pass	11:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:23pm
SRC	Pass	11:23pm
DET	Pass	11:23pm
BAR	Pass	11:23pm
BT	Pass	11:23pm

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:24pm 11:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Location S	OUTHERN TINES
Instrument Ser	ial No. 008720 POLICE	Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR e:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic 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 exp simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures we	n the	h current regulations of the N.C.
STATE OF STA	Signature of Certifying Official	Certificate Number

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 02/12/2010

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: 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: AG904903 Exp Date: 02/18/2011

~ / 21 AT

Time

Test	g/210L	Time
DIAG AIR BLK	Pass	10:14am 10:14am
ACCY CHK	.08	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 371
Test Date: 02/12/2010 Test Time: 10:22am EST

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	10:23am

Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time

Tebe	bcacub	TIME
COMP	Pass	10:23am
CAL	Pass	10:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	DORE Instrument Location HOORE COUNTY		
Instrument Seria	INO. 008735 JAIL, (129A)		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the		
STATE OF THE STATE	Signature of Certifying Official Certificate Number		

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 02/12/2010

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: 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	11:58am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
ATR BLK	. 00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 546
Test Date: 02/12/2010 Test Time: 12:05pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:05pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	

Test	Status	Tim€
COMP	Pass	12:06pm
CAL	Pass	12:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	mberland Instrument Location FOR+	BRAGG,
Instrument Seria	No. 00 8908 PMO, LEC	,
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 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 date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.	
I certify that on t procedures were Department of H	he // day of February, 20/0 the forgoing performed on the instrument indicated above, in accordance with current regealth and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF NO.	Signature of Certifying Official	528 Certificate Number

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 02/11/2010

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: NC Driver's License Number: XX

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:44am 10:45am 10:45am 10:46am 10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 602 Test Date: 02/11/2010 Test Time: 10:54am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:55am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
\mathtt{BT}	Pass	10:55am

Blank Tests

Test	Status	Time
ATR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:55am

10:55am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	umberland In	nstrument Location Fort	
	erial No. <u>@ 68963</u>	more market and the second of	
The preventi four months	ve maintenance procedures for the Intoxir are:	neters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of		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, or	collect breath sample;	
7.	When "PLEASE BLOW" appears, or	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.	s being changed before expiration every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
l certify that procedures w Department of	on theday ofday ofday ofday ofday ofday ofday of Health and Human Services, and the instrument indicates of Health and Human Services, and the instrument in the	9 R / , 20/0 the f d above, in accordance with curr strument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATION OF THE STATE OF THE	1 aug 1	of Certifying Official	Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 02/11/2010

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: NC
Driver's License Number: XX

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective:

10/01/2009~10/01/2011

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

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:27am 11:28am 11:29am 11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 288
Test Date: 02/11/2010 Test Time: 11:36am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:36am
SRC	Pass	11:36am
DET	Pass	11:36am
BAR	Pass	11:36am
BT	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

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

11:37am

Preventive Maintenance Status: Pass

CAL

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IMBERIAND Instrument Location Combe	erland	
Instrument Seria	INO. 00 8632 COUNTY Defent	16N CONter	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	llowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.		
I certify that on t procedures were Department of H	heday of February, 20 the forgoi performed on the instrument indicated above, in accordance with current reealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance gulations of the N.C.	
OF ME STATE OF A CHARLES OF A C	Signature of Certifying Official	Certificate Number	

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 02/17/2010

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: 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: 01/12/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:34pm 3:35pm 3:35pm 3:36pm 3:37pm 3:38pm 3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Record Number: 988
Test Date: 02/17/2010 Test Time: 3:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:43pm
FLO	Pass	3:43pm
FC	Pass	3:43pm

Temperature Tests

Status	Time
Pass	3:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

Printer Tests

Status

Time

Test

PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:44pm 3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mberland Instrument Location COME	serland
Instrument Seria	1No. 008633 (BUNTY Deten	tion Center
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e 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;	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" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, 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 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on procedures were Department of H	the	orgoing preventive maintenance nt regulations of the N.C.
SEE QUAM VIDELY	Signature of Certifying Official	S 28 Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 02/17/2010

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: 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: 01/12/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:02pm 3:03pm 3:03pm 3:05pm 3:05pm 3:06pm 3:08pm
AIR BLK	.00	3:09pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 986
Test Date: 02/17/2010 Test Time: 3:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:12pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	
Test	Status	Time

1050	Deadab	
COMP CAL	Pass Pass	3:12pm 3:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location Conhected
Instrument Seri	al No. 008672 COUNTY 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
OF THE STATE OF THE OF	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Date: 02/17/2010

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: 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: 01/12/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:50pm 2:51pm
ACCY CHK	.08	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

~ / O 1 O T

Tri ma

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Record Number: 1469 Test Date: 02/17/2010 Test Time: 3:00pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	3 • 01 mm

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II		
County	Ohniston Instrument Location BENSON	
	INO. 008885 POLICE Dept.	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that o procedures we Department of	on theday of	
STATE OUT TO STATE OF THE STATE		

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 02/11/2010

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: AG814002 Exp Date: 05/19/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 132 Test Date: 02/11/2010 Test Time: 1:33pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:34pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	
Test	Status	Time

Test	Scacus	1 10000
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///	PRNett Instrument Location DUNN POLICE
Instrument Seria	1 No. 008644 DEST. DUNN, NC.
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF A	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 02/11/2010

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	3:26pm
AIR BLK	.00	3:26pm
ACCY CHK	.08	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 692
Test Date: 02/11/2010 Test Time: 3:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time

3:34pm

3:34pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4	Avidod Instrument Location Thomasville Pelice
Instrument So	erial No. 008872 Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
STATE OF THE STATE	

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 02/15/2010

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 State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002601 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:37pm 1:38pm 1:39pm 1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 512
Test Date: 02/15/2010 Test Time: 1:46pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:46pm 1:46pm
FC	Pass	1:470m

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance Status: Pass

1). / Yell

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Avidson Instrument Location Lexington Police
Instrument S	erial No. 008883 Department
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
STAT STATE CREAT SE	CAROLL

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

Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 02/15/2010

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: AG002601 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:34pm 2:34pm
ACCY CHK	.00	2:35pm
AIR BLK	.00	2:36pm 2:37pm
SUB TEST AIR BLK	.00 .00	2:3/pm 2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 536
Test Date: 02/15/2010 Test Time: 2:41pm EST

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	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:42pm

2:42pm

Preventive Maintenance Status: Pass

Pass

S. Leon Dean

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OO 8 845 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least one four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy;	11
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted;	
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted;	ce every
Initiate breath test sequence;Enter information as prompted;	eter shows
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator very first.	
I certify that on the	intenance I.C.
Signature of Certifying Official Certificate Num	···y

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 02/15/2010

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: AG002601 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:24pm
ATR RIK	00	3 · 24 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 490

Test Time: 3:25pm EST Test Date: 02/15/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm

CRC Tests

lest	Status	111116
COMP	Pass	3:26pm
CAL	Pass	3:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ashe Instrument Location Asho Co Jan
Instrument S	erial No. <u>OC 88 49</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
AMILO THE STATE OF THE COUNTY	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 02/04/2010

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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:33pm 12:34pm 12:34pm
AIR BLK SUB TEST	.00 .00	12:35pm 12:36pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:39pm
ATR BIK	.00	12:39pm

Reported AC: , .00 g/210L

Ignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

Rev. 12/2007

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 332
Test Date: 02/04/2010 Test Time: 12:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:41pm 12:41pm
FC	Pass	12:42pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Printer Tests

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

Preventive Maintenance Status: Pass

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

Analyst

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	TERS, MODEL INTOX EC/IR	
County	NEWHUMEUELL	Instrument Location <u>A Jacquit</u>	SMIE Deach
Instrumen	Serial No. <u>5667</u>	Instrument Location (A) Aught	Dept
The preve	ntive maintenance procedures for as are:	the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic breath is .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test sequer	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	cy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra		
10.	Verify that the ethanol g simulator solution is bein whichever occurs first.	as canister is being changed before expiration d ng changed every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify t procedure Departme	hat on theday of es were performed on the instrument of Health and Human Service	the forguent indicated above, in accordance with current s, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CREAT S.	TATE OF A OFFICE OFFICE OF A OFFICE OF A OFFICE OFFICE OF A OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 02/25/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	8:33pm 8:34pm 8:35pm 8:36pm 8:36pm 8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 522

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm

CRC Tests

Test	Status	Time
COMP	Pass	8:42pm
CAL	Pass	8:42pm

Preventive Maintenance Status: Pass

Análvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	NEW MINIONER Instrument Location Carolina Beach
Instrumer	nt Serial No. S661 School School School Serial No.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	nat on theday of
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 02/25/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	7:18pm 7:19pm 7:20pm 7:20pm 7:21pm
AIR BLK SUB TEST	.00 . 00	7:22pm 7:24pm
AIR BLK	.00	7:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 799
Test Date: 02/25/2010 Test Time: 7:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:29pm
FLO	Pass	7:29pm
FC	Pass	7:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:30pm
SRC	Pass	7:30pm
DET	Pass	7:30pm
BAR	Pass	7:30pm
BT	Pass	7:30pm

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

Printer Tests

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

COMP	Pass	7:30pm
CAL	Pass	7:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	NEW Hannovers	Instrument Location_	NEW HINTON	L Courty
Instrume	nt Serial No		Then He 2	OP CONTRACTOR
The prev	entive maintenance procedures for the ths are:	Intoximeters, Model Intox	EC/IR II to be followe	ed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		alcoholic breath simula	ator thermometer shows
2.	Verify instrument displays tir	me and date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompte	Enter information as prompted;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed bef nanged every four months o	ore expiration date, or r after 125 Alcoholic I	the alcoholic breath Breath Simulator tests,
I certify (procedur Departm	that on theday of es were performed on the instrument in ent of Health and Human Services, and	ndicated above, in accordard the instrument is function	the forgoing pace with current regulating properly.	reventive maintenance tions of the N.C.
A CREAT STATES	STATE OF A COLUMN TO THE CARD OF THE CARD	gnature of Certifying Offic) ial C	634 ertificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 02/25/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:27pm 5:29pm 5:29pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 02/25/2010 Test Record Number: 2016

Test Time: 5:39pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:40pm
FLO	Pass	5:40pm
FC	Pass	5:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
\mathtt{BT}	Pass	5:40pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	5 · 41pm

Printer Tests

rest	Status	TIME
PRNT	Pass	5:41pm

Time

CRC Tests

Test	Status	Time
COMP	Pass	5:41pm
CAL	Pass	5:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	W Hynoser Location NEW Harrere County
Instrument Serie	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OT THE STATE OF A	Signature of Certifying Official Certificate Number

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 02/25/2010

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: RIVERA, ANTHONY Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

bw bw bw
pm
рm
pm
pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 1141
Test Date: 02/25/2010 Test Time: 5:36pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:36pm
SRC	Pass	5:36pm
DET	Pass	5:36pm
BAR	Pass	5:36pm
\mathtt{BT}	Pass	5:36pm

Blank Tests

Test	Status	Time
AIR	Pass	5:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:37pm

Pass

5:37pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A/EZ	MANOVER Instrument Location Milian NGCont
Instrument Seria	Instrument Location Minimug Cont. I No. 3628 Folia Dept.
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 25 day of ABMAAY, 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.
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.

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 02/25/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:41pm 4:42pm
ACCY CHK	.08	4:43pm
AIR BLK SUB TEST	.00 .00	4:44pm 4:45pm
AIR BLK	.00	4:47pm
SUB TEST	.00	4:48pm 4:49pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

NEW HANOVER COUNTY WILMINGTON PD 640

Test Record Number: 1150 Serial Number: 008628

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:50pm 4:50pm
FC	Pass	4:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:50pm
SRC	Pass	4:50pm
DET	Pass	4:50pm
BAR	Pass	4:50pm
ВT	Pass	4:50pm

Blank Tests

Test	Status	Time
ATR	Pass	4:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:51pm

CRC Tests

Test	Status	Time
COMP	Pass	4:51pm
CAL	Pass	4:51pm

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	annasieK	Instrument Location_	Emunismek	Country
Instrument Ser	rial No. <u>8585</u>	<u> </u>	Sherika D	opt.
The preventive four months ar	e maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		alcoholic breath simulator	thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	; ;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
procedures we	n the day of re performed on the instrument in Health and Human Services, and	ndicated above; in accordan	ce with current regulation	entive maintenance s of the N.C.
THE CHAMMEN	Along	Moul Klude	al Certif	icate Number

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 02/25/2010

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.08	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 1400 Test Date: 02/25/2010 Test Time: 3:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pass	3:29pm
BT	Pass	3:29pm

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

'l'est	Status	Time
PRNT	Pass	3:30pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	3:30pm 3:30pm
		_

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

1	INTOAINETERS, MODEL INTOA ECIR II
County /	Pansauck Instrument Location Plansauck Country
Instrument Seria	Instrument Location Shankwick Country Shon A Dept.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 35 day of 17 DRICO , 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.
OF THE STATE OF N	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 02/25/2010

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: RIVERA, ANTHONY Permit Number: 08259E Effective: 10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	3:18pm
AIR BLK	.00	3:19pm
ACCY CHK	.08	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:21pm
AIR BLK	.00	3:22pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm

Reported AC: .00 g/210L

Chemical Analyst Signature of

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 847 Test Date: 02/25/2010 Test Time: 3:26pm EST

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	3:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:27pm
	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 3	RUNSINICK Instrument Location Oak Island
Instrument Seria	al No. <u>8648</u> <u>POLICE DEPÉ.</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	theday of, 20, 20
OTHE STATE OF A	Signature of Certifying Official Certificate Number

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

4

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 02/25/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
ATR BLK	.00	1:39pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

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

Department of Health and Human Services

Analyst

Rev. 12/2007

BRUNSWICK COUNTY OAK ISLAND PD 090

Test Record Number: 584 Serial Number: 008648 Test Date: 02/25/2010 Test Time: 1:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
${f BT}$	Pass	1:40pm

Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:41pm
CAL	Pass	1:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ENDER Instrument Location / ENDER COUNTY
Instrument Se	erial No. S901 Sheriffs Dept.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	MILLONG Killen 634

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

Signature of Certifying Official

Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008901 Test Date: 02/04/2010

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: RIVERA, ANTHONY Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:10pm 1:11pm 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:

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PENDER PENDER CO SD 700

Serial Number: 008901 Test Record Number: 248
Test Date: 02/04/2010 Test Time: 1:17pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

Blank Tests

Test	Status	Time
ATR	Pass	1 • 1 8 rom

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:19pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu	Instrument Location Currice Detention
Instrument Seri	al No. DO 86/4 CENTER, FAYETIEVILLE MC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 25 day of FG3RUARY, 20/0 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 02/25/2010

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: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	4:08pm 4:09pm 4:10pm 4:11pm 4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614

Test Record Number: 1072 Test Time: 4:16pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:17pm 4:17pm
FC	Pass	4:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:18pm

Pass

4:18pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Umberland Instrument Location CUMBERLAND GOUL
Instrument S	erial No. 068632 Detention Center
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
STATE OF STA	A CONTRACTOR OF THE PARTY OF TH

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 02/25/2010

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: 01/12/2012

Test q/210L Time

DIAG	Pass	4:09pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632

Test Record Number: 1024
Test Time: 4:17pm EST

Test Date: 02/25/2010 Test Time

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:17pm
FLO	Pass	4:17pm
FC	Pass	4:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

Blank Tests

Test	Status	Time
ΔΤΡ	Pass	4:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:18pm

Preventive Maintenance Status: Pass

Pass

CAL

4:18pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1 F	insylvania	Instrument Location 1 - 61/1	sylvania Co. Jail
Instrument Ser	al No. <u>008609</u>	Brevard, No	
The preventive four months are	·	ntoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.		ster is being changed before expirations after 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
		Security, 20 10 the icated above, in accordance with che instrument is functioning proper	ne forgoing preventive maintenance current regulations of the N.C. rly.
THE STATE OF THE S	CANON CANON	R. Cuth	635
	Signa	ature of Certifying Official	Certificate Number

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 02/23/2010

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: 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	2:01pm
AIR BLK	.00	2:02pm
ACCY CHK	.08	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Juf R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Test Record Number: 236 Serial Number: 008609

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:10pm 2:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1r	ansylvania Instrument Location Transylvania Co. Jail
Instrument Se	erial No. 208820 Instrument Location Transylvania Co. Jail
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 23 day of 6,20 day of 6
STATE CONTROL TO THE	Cail R Cath

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

Signature of Certifying Official

Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 02/23/2010

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:55pm 1:56pm 1:56pm 1:57pm 1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Suif R Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 316

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	2:03pm 2:03pm
DET	Pass Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:04pm 2:04pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	heroker Instrument Location Cheroker Co. Jail
Instrument S	Gerial No. 008622 Murphy, NC
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>ZZ</u> day of <u>February</u> , 20 10 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	Cair R. Cath
	Signature of Certifying Official Certificate Number

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

CHEROKEE COUNTY CHEOKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 02/22/2010

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:06pm 1:06pm 1:07pm 1:08pm 1:09pm 1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Cail R. Cuth

CHEROKEE COUNTY CHEOKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 561 Test Date: 02/22/2010 Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
\mathtt{BT}	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP CAL	Pass Pass	1:17pm 1:17pm
CAL	rass	T. T / Pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Che	Instrument Location Cherokee Co. Joil
Instrument Seria	al No. 008711 Murphy, NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>72</u> day of <u>refrequence</u> , 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 MARIE 2. THE STATE 2. THE STATE OF MARIE 2. THE STATE 2. THE	SE CALL 635
	Signature of Certifying Official Certificate Number

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 02/22/2010

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:00pm 1:01pm
ACCY CHK AIR BLK	.08 .00	1:02pm 1:03pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ouf R. Culhar Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Test Record Number: 228 Serial Number: 008711 Test Date: 02/22/2010 Test Time: 1:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO FC	Pass Pass	1:14pm 1:14pm
FC	Pass	T: T#D

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

CAL

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

1:15pm

Preventive Maintenance Status: Pass

Pass

Dail R. Cuther Analyst

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. 1 certify that on the	County ≤ 1	wain Instrument Location Cherokee F.D.
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	Instrument Ser	ial No. 008782 Chrokee, NC
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	•	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	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. 1 certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
STATE OF HOLDEN WINDERS STATE	I certify that or procedures were Department of	the day of
Signature of Certifying Official Certificate Number	OF AN 20, 1772 OF AN 20, 1772	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 02/05/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 318
Test Date: 02/05/2010 Test Time: 12:14pm EST

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: 14 pm
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

Preventive Maintenance Status: Pass

Pass

12:15pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Clay Instrument Location Clay Co. Jail
Instrument	Serial No. 008608 Haypsville, NC
The prever four month	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.
	at on the day of february, 20 / O the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
SIS	Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 02/03/2010

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: 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	12:13pm 12:13pm 12:14pm 12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

I R. Cuth

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 658

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:20pm 12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pro	wimans Instrument Location Polywines (0.5.0)
Instrument Seria	INO. 008921 110 N. Church St, Hertford, N.C.
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	he day of the brucery, 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.
O'THE STATE OF WAY TO LIVE OF WAY TO	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 02/24/2010

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 ACCY CHK	Pass .00 .08	1:33pm 1:34pm 1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 165
Test Date: 02/24/2010 Test Time: 1:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

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	Pass	1:42pm

Preventive Maintenance Status: Pass

Pass

1:42pm

CAL

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pit	Instrument Location Ryden to lice Sopt.
Instrument Serie	al No. 00 8 Cololo 4144 Wost Ave., Ayden, WC28
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 33 day of + Chruary, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 02/23/2010

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: AG910601 Exp Date: 04/16/2011

Test	g/210L	Time
DIAG	Pass	10:56am
AIR BLK	.00	10:57am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
ATR BLK	.00	11:03am

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

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 372
Test Date: 02/23/2010 Test Time: 11:04am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:05am

Printer Tests

lest	placus	TIME
PRNT	Pass	11:05am
	CRC Tests	
Test	Status	Time

1000	2 3 3 3 3 3 3	
COMP	Dogg	11:05am
COMP	Pass	II: USaiii
CAL	Pass	11:05am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	achort	Instrument	Location Par	autoit (o Courthouse
Instrument Seria	al No. 00 8909	1026	grd St	, washington, NC
The preventive four months are		Intoximeters, M	odel Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressu legree centigrade	are, or the alcohole;	ic breath simulator thermometer shows
2.	Verify instrument displays tir	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect br	eath sample;	
7.	When "PLEASE BLOW" ap	pears, collect br	eath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	ınd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being cl nanged every fou	nanged before exp r months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the 22 day of 10 e performed on the instrument in Health and Human Services, and	ndicated above, d the instrument	in accordance wit	the forgoing preventive maintenance h current regulations of the N.C. operly.
OF THE STATE OF TH	NORTH CAROLINA			
The control of the co	Si	gnature of Certi	fying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 02/22/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:12am 10:13am
ACCY CHK	.08	10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
ATR BLK	.00	10:19am

Reported AC: .00 g/210L)

Signature of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 686
Test Date: 02/22/2010 Test Time: 10:21am EST

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	10:23am

Printer Tests

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23am 10:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Be	aufurt Instrument Location Born for Courthouse
Instrument Seria	al No. 008580 102 E. 2108 St., Washington, N.C
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of day o
THE STATE OF THE S	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 02/22/2010

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: 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: AG902001 Exp Date: 01/20/2011

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

.00 g/210LReported AC:

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 434
Test Date: 02/22/2010 Test Time: 10:16am EST

System Check: Passed

Baseline Tests

Test	Status	Time `
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CDC Togta	

CRC Tests

Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Maynar		Instrume	nt Location	Vawend	(1. P	idic Sality C
Instrument	Serial No.	106914	<u>34 v</u>	1. 10	t. Maron	4.	Edustry J
The prever		ce procedures for th	e Intoximeters,	Model Into	k EC/IR II to t	e followed	at least once every
1.	Verify t 34 degre	he ethanol gas canis es, plus or minus .2	ter displays pres degree centigra	sure, or the	alcoholic brea	ath simulato	or thermometer shows
2.	Verify i	nstrument displays t	time and date;				
3.	Initiate	breath test sequence	;;				*
4.	Enter in	formation as promp	ted;				
5.	Verify i	nstrument accuracy;	;				
6.	When "	PLEASE BLOW" 8	appears, collect	oreath samp	le;		
7.	When "	PLEASE BLOW" a	appears, collect	oreath samp	le;		
8.	Print tes	t record;					
9.	Verify I	Diagnostic Program;	; and				
10.	simulato	hat the ethanol gas or or solution is being over occurs first.	canister is being changed every fo	changed be our months	fore expiration or after 125 A	n date, or th lcoholic Br	ne alcoholic breath reath Simulator tests,
I certify the procedures Departmen	were performe	day of day of Human Services, a	indicated above and the instrumen	√in accorda	ince with curr	ent regulati	eventive maintenance ons of the N.C.
A CHEAT SEE OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	ATE OF NO DIN CAROLINA AND AND AND AND AND AND AND AND AND A		والمستشد	Jan Marie Barrer			Land and the second
-ullin		- Carried Landson	Signature of Cer	tifying Offi		Cer	rtificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008918 Test Date: 02/11/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:16pm
AIR BLK	.00	1:17pm
ACCY CHK	.08	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm
ATR BLK	.00	1:23 pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008918 Test Record Number: 160
Test Date: 02/11/2010 Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:25pm 1:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/61	rie	Instrument Locati	on Buris	Ca. 5.0.	
Instrument Serial	No. 008897	104 Dune	lu 51.,	W190221	J.C.
The preventive m four months are:	naintenance procedures for the In	toximeters, Model In	tox EC/IR II to be t	followed at least one	e every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		he alcoholic breath	simulator thermom	eter shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sar	nple;		
7.	When "PLEASE BLOW" appe	ars, collect breath sar	nple;		
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 ged every four month	before expiration d hs or after 125 Alco	ate, or the alcoholic sholic Breath Simula	breath ator tests,
I certify that on the procedures were Department of He	he	cated above, in accor	rdance with current	going preventive ma regulations of the N	intenance N.C.
THE STATE OF NO.	CAROLINA CAR	es llus	2	647	•
	Signa	iture of Certifying O	fficial	Certificate Nu	mber

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 02/11/2010

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: AG920303 Exp Date: 07/22/2011

g/210L	Time
Pass .00 .08 .00	3:05pm 3:06pm 3:07pm 3:08pm 3:08pm
.00	3:09pm
.00	3:11pm
.00	3:12pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Rest

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 256
Test Date: 02/11/2010 Test Time: 3:13pm EST

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
$\mathtt{B}\mathbf{T}$	Pass	3:13pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test

Status Time

1000	20000	
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 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1400 Instrument Location Wilson Co. Delimiting Control
Instrument Seria	INO. 00 4 US 2 - IN E. Green St., Wilton , 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	the 2000 day of 1000 day of 2000 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 ON TO THE STATE ON THE STATE OF THE ST	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 02/22/2010

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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:53pm 1:54pm 1:55pm 1:56pm 1:58pm 1:59pm
SUB TEST AIR BLK	.00 .00	2:01pm 2:02pm
WIK DRV	.00	2.02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1142
Test Date: 02/22/2010 Test Time: 2:04pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:04pm 2:04pm
FLO	Pass	_
FC	Pass	2:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

Blank Tests

Test	Status	Time
AIR	Pass	2:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:05pm

Pass

2:05pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	11/400	Instrument Location \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a. Octomion contr
Instrume	nt Serial No. DOGUZT	190 E. Green St.,	J1400 N.C.
The prevenue four mon		the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic breath .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	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.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration of g changed every four months or after 125 Alco	late, or the alcoholic breath oholic Breath Simulator tests,
I certify procedur Departm	that on the day of day of es were performed on the instrumenent of Health and Human Services,	nt indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
CAREAT SE	STATE OF A OR THE CAROLINA TO	Fine o. Kuse	- 647
	· Santa and a sand	Signature of Certifying Official	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 02/22/2010

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: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	1:38pm 1:39pm
ACCY CHK	.08	1:39pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 846
Test Date: 02/22/2010 Test Time: 1:48pm EST

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	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Tests	
Test	Status	Time

rest	status	111116
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAZ	Instrument Location ROANDKE RAPIDS PD INO. 008656 1640 ROANDKE AVE ROANDKE RAPIDS NC
Instrument Seria	INO. 008656 1640 ROANDKE AVE ROANDKE RAPIDS NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 02/15/2010

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: 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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	4:55pm 4:56pm
ACCY CHK	.08	4:57pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Test Record Number: 301 Serial Number: 008656 Test Date: 02/15/2010 Test Time: 5:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:04pm
FLO	Pass	5:04pm
FC	Pass	5:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:04pm
SRC	Pass	5:04pm
DET	Pass	5:04pm
BAR	Pass	5:04pm
BT	Pass	5:04pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:05pm

Pass

5:05pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAL	Instrument Location ROANOKERAPIDS PD
Instrument Seria	INO. 008635 1040 ROANOKE AVE ROANOKE RAPIDS, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF ME STATE OF ME	Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 02/15/2010

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: 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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:54pm 4:55pm 4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm

Reported AC: .00 g/210L

Signature of 'Chemical Analyst

Court CVR

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 621 Test Date: 02/15/2010 Test Time: 5:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	5:03pm	
FLO	Pass	5:03pm	
FC	Pass	5:03pm	

Temperature Tests

Test	Status	Time
FC1	Pass	5:04pm
SRC	Pass	5:04pm
DET	Pass	5:04pm
BAR	Pass	5:04pm
BT	Pass	5:04pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	5 · 04 nm

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm
	CRC Tests	
Test	Status	Time

COMP Pass 5:04pm CAL Pass 5:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NOR	Instrument Location MORTHAMPTON CO. SHERIFFS DEPT
Instrument Seri	al No. 008607 105 W. JEFFERSON ST. JACKSON, 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.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 02/15/2010

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: 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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:13pm 3:14pm 3:15pm 3:16pm 3:16pm
AIR BLK SUB TEST	.00 .00	3:17pm 3:20pm
AIR BLK	.00	3:21pm

Reported AC: 1.00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 561 Test Date: 02/15/2010 Test Time: 3:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	3:24pm 3:24pm
CAL	Fass	J. 24 Pill

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DETHAMPTON	Instrument Location NORTH	AMPTON CO. SHERIFF PEPT
Instrument Se	erial No. <u> </u>	105 W. JEFFERSON	1 ST. JACKSON, NC
The preventive four months a	ve maintenance procedures for the Inare:	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		preath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiratinged every four months or after 125	
procedures w	on the	licated above, in accordance with cu	irrent regulations of the N.C.
THE STATE OF THE S	SAR CARROLL SAR CA	SI Andt	637
	Sign	ature of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 02/15/2010

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: 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: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:11pm 3:12pm 3:13pm 3:14pm 3:15pm 3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 433 Test Date: 02/15/2010 Test Time: 3:20pm EST

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 CAL Pass 3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAL	IFAX	Instrument Location /	PALIFAX	Co. SHERIFF	Die
Instrument Seria	INO. <u>008695</u>	FEXXELL	LN 1	HALIFAY, NC	<u></u>
The preventive r four months are:	naintenance procedures for the Into	kimeters, Model Intox EC	C/IR II to be f	ollowed at least once ev	ery
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		oholic breath	simulator thermometer s	shows
2.	Verify instrument displays time ar	d date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears	s, collect breath sample;			
7.	When "PLEASE BLOW" appears	s, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.				
	the			oing preventive mainten regulations of the N.C.	ance
THE STATE OF A	Signatu	Surar or of Certifying Official	<u> </u>	637 Certificate Number	-

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 02/15/2010

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: 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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:42pm 1:43pm 1:44pm 1:45pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:48pm
ATR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 560
Test Date: 02/15/2010 Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

Status	Time
Pass	1:51pm
	1:51pm 1:51pm
	Status Pass Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
ATR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:53pm

1:53pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location CLATTON POLICE DEPT.		
Instrument So	erial No. <u>008658</u> <u>CU1470N</u> NC		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on the		
AMERICA SECTION OF SEC			

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 02/11/2010

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 AIR BLK	Pass	12:30pm 12:30pm
ACCY CHK	.08	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 427
Test Date: 02/11/2010 Test Time: 12:43pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

Test

Status

Time

PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	Instrument Location ManTeomery Co. JAIL
Instrument Seria	INO. 008721 TROY, 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 procedures were Department of H	the <u>/0</u> day of <u>FECOUPLY</u> , 20 /0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A THE PARTY OF THE STATE OF A THE STAT	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 02/10/2010

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: 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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	5:18pm
AIR BLK	.00	5:18pm
ACCY CHK	.08	5:19pm
AIR BLK	.00	5:20pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

C Analys

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Record Number: 331 Test Date: 02/10/2010 Test Time: 5:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:27pm
FLO	Pass	5:27pm
FC	Pass	5:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:27pm
SRC	Pass	5:27pm
DET	Pass	5:27pm
BAR	Pass	5:27pm
BT	Pass	5:27pm

Blank Tests

Test	Status	Time
AIR	Pass	5:28pm

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	5:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:28pm

5:28pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTESOMERY Instrument Location MENTESOMERY B. COURTHOUSE
Instrument	Serial No. <u>008709</u> <u>77284</u> 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.
procedures	at on the 10 day of 1530000, 20 10 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certificing Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 02/10/2010

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: 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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG	Pass	5:19pm
AIR BLK	.00	5:20pm
ACCY CHK	.08	5:21pm
AIR BLK	.00	5:21pm
SUB TEST	.00	5:22pm
AIR BLK	.00	5:23pm
SUB TEST	.00	5:24pm
AIR BLK	.00	5:25pm

Reported AC: .00_g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Record Number: 376
Test Date: 02/10/2010 Test Time: 5:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	5:31pm 5:31pm
FLO	Pass	2:2Tbu
FC	Pass	5:31pm

Temperature Tests

Status	Time
Pass	5:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:32pm

Preventive Maintenance Status: Pass

Pass

5:32pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM	Instrument Location	SILER CAT PRICE DEPT.
Instrument Se	erial No. <u>//088//</u>	<u>Suer</u>	CM NC
The preventive four months a		ne Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		coholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	eted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures w	on the day of	indicated above, mi accordanc	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
THE CREAT STATE OF THE CREAT STA	CAROLINA DAMA	Sonature of Certifying Officia	Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 02/10/2010

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: 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: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:01pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 552
Test Date: 02/10/2010 Test Time: 8:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:08pm
FLO	Pass	8:08pm
FC	Pass	mq80:8

Temperature Tests

Test	Status	Time
FC1	Pass	8:08pm
SRC	Pass	8:08pm
DET	Pass	8:08pm
BAR	Pass	8:08pm
BT	Pass	8:08pm

Blank Tests

Test	Status	Time
ΔTR	Pass	8:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	πq€0:8
	CRC Tests	
Test	Status	Time

1626	beacus	# TINC
COMP	Pass	8:09pm
CAL	Pass	8:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VILTORA Instrument Location Greens boro JAII
Instrument Seri	al No. <u>008794</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 02/03/2010

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: 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: AG925202 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:57am 11:58am 11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 932 Test Date: 02/03/2010 Test Time: 12:04pm EST

System Check: Passed

Baseline Tests

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

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

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevent 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.
orocedures v	on theday of
INTERIOR STATE OF THE STATE OF	ASein War 642

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 02/03/2010

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: 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: AG925202 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:28am 11:28am 11:29am 11:30am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 1483
Test Date: 02/03/2010 Test Time: 11:34am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34am
FLO	Pass	11:34am
FC	Pass	11:35am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:36am

11:36am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \\ \]	Instrument Location Wilson Co. Detention Center
Instrument Serial	NO. 108457 100 E. GLUCA ST., WILSON, 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.
I certify that on the procedures were Department of He	ne 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 OLAM VISES A	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 02/02/2010

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: 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 .07	12:56pm 12:57pm 12:58pm 12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinds, lees Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1133 Test Date: 02/02/2010 Test Time: 1:04pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

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

1:06pm

Preventive Maintenance Status: Pass

Pass

CAL

Inde N. Keese
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Myon Instrument Location Wilson Co. Redention (GAS)
Instrument Ser	rial No. 004027 1008. WILLOST, WILSON, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
ON THE STATE OF TH	
	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 02/02/2010

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: 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: 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 .08 .00 .00	1:56pm 1:57pm 1:57pm 1:58pm 1:59pm 2:00pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 823
Test Date: 02/02/2010 Test Time: 2:05pm EST

System Check: Passed

Baseline Tests

11:00 t	UF 5 F 11 C	- 11 1 me
Test	Status	TAME
IR	Pass	2:05pm
FLO	Pass	2:05pm
FC	Pass	2:05pm
1.0	rass	2.05pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
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
COMP CAL	Pass Pass	2:06pm 2:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Joi	Instrument Location Jones County
Instrument Seria	INO. DO8705 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Effer information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
OTHE STATE OF NO.	Signature of Certifying Official Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 02/11/2010

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: 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	Pass .00 .08	11:34am 11:35am 11:35am 11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rary E Hold Analyst

JONES COUNTY JONES COUNTY SD 510

Test Record Number: 519 Serial Number: 008705 Test Date: 02/11/2010 Test Time: 11:40am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
\mathtt{BT}	Pass	11:41am

Blank Tests

Test	Status	Time
AIR	Pass	11:42am

Printer Tests

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

Preventive Maintenance Status: Pass

Kang E Hall
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pr	mlico	_ Instrument Location PAMAIC	o County
Instrument Ser	rial No. <u>008640</u>	SHERIFF OFFICE	2
The preventive four months ar		Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic bre degree centigrade;	ath 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	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the day of ere performed on the instrument in Health and Human Services, and	the following the following properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	LONG AROUND CO.	45HoW	354
	Sig	gnature of Certifying Official	Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 02/11/2010

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	Pass .00 .08	12:41pm 12:42pm 12:42pm 12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 681 Test Date: 02/11/2010 Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
\mathtt{BT}	Pass	12:48pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:49pm

Pass

12:49pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	barrus	Instrument Location Cabacca	is County SD
Instrument Seria	INO. <u>()03625</u>	30 Corban Ave SE 704-920-3000	Concord
The preventive n four months are:	naintenance procedures for the Into	ximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brea ee centigrade;	th 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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, 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 A	
procedures were	performed on the instrument indica	acy, , 20 0 the formated above, in accordance with current instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF N. ST	Signat	ure of Certifying Official	Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 02/15/2010

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: 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	1:16pm 1:17pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 1745
Test Date: 02/15/2010 Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:25pm 1:25pm

Preventive Maintenance Status: Pass

Analyst