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

County_	New HANOUER Instrument Location URightsuitle BEACH A.
Instrume	nt Serial No. OOSSSA
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.
I certify procedur Departm	hat on the
THE CREAT SET OF	
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008882 Test Date: 07/15/2010

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: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:20pm
AIR BLK	.00	12:21pm
ACCY CHK	.08	12:21pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaryst

### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008882

Test Record Number: 65 Test Time: 12:27pm EDT

Test Date: 07/15/2010 Test Time: 12:27pi

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

### Blank Teşts

Test	Status	Time
AIR	Pass	12:28pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Mec	klenburg	Instrum	ent Location_	100	10 N/S	PO
Instrume	nt Serial	No. <u>008699</u>	1201	Cress	Road,	Nat	thews
			7	04-84	7-406	9	
The prevenue four mon		aintenance procedures for the Int	oximeters,	Model Intox	EC/IR II to be	followed	at least once every
1.		Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr			llcoholic breat	h simulato	r thermometer shows
2.		Verify instrument displays time	and date;				
3.		Initiate breath test sequence;					
4.		Enter information as prompted;					
5.		Verify instrument accuracy;					
6.		When "PLEASE BLOW" appear	ars, collect	breath sample	<b>;</b> ;		
7.		When "PLEASE BLOW" appear	ırs, collect	breath sample	<b>;</b> ;		
8.		Print test record;					
9.		Verify Diagnostic Program; and					
10.		Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.					
procedur	es were	he <u>2944</u> day of <u>Jul</u> performed on the instrument indi- ealth and Human Services, and th	dated abov	e, in accordan	ice with currei	rgoing pre nt regulation	ventive maintenance ons of the N.C.
THE GREAT SE	STATE OF NO.	Jague Ha	thing	rtifying Offic			o 5 Ø

### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 07/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 1139
Test Date: 07/29/2010 Test Time: 11:00am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

#### Printer Tests

Test	Status	T'ime
 PRNT	Pass	11:01am

### CRC Tests

Test	Status	Time
COMP	Pass	11:02am
CAL	Pass	11:02am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 008665 801 E. 4th Street, Charlot	
	ice every
<u>704 - 353 - 0180</u>	ice every
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least of four months are:	100 0 V G1 Y
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermony.</li> <li>degrees, plus or minus .2 degree centigrade;</li> </ol>	neter shows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
I certify that on the 294 day of 3, 20 10 the forgoing preventive m procedures were performed on the instrument indicated above, in accordance with current regulations of the Department of Health and Human Services, and the instrument is functioning properly.	aintenance N.C.
THE STATE OF MORE THAT THE CARROLL THE	
Signature of Certifying Official Certificate N	ımher

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 07/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY SD

Serial Number: 008665 Test Record Number: 1319
Test Date: 07/29/2010 Test Time: 9:58am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

### Blank Tests

Test	Status	Time
AIR	Pass	9:59am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:00am

### CRC Tests

Test	Status	Time
COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance Status: Pass

Analyst

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

County Mec	cklenburg Instrument Location	n Mecklenburg Gunty SD
Instrument Seria	ial No. <u>008690</u> <u>801 E. 4+</u>	h Street, Charlotte
	704-853-	0180
The preventive n four months are:	e maintenance procedures for the Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	e alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath same	ple;
7.	When "PLEASE BLOW" appears, collect breath sam	ple;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed b simulator solution is being changed every four months	pefore expiration date, or the alcoholic breath s or after 125 Alcoholic Breath Simulator tests,
	whichever occurs first.	
procedures were	n the 29th day of July , 2 re performed on the instrument indicated above, in accord Health and Human Services, and the instrument is function	the forgoing preventive maintenance dance with current regulations of the N.C. oning properly.
OTHE STATE OF THE CHEAT OF THE	Signature of Certifying Off	Sicial Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 07/29/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:49am 9:50am 9:51am 9:52am <b>9:52am</b> 9:53am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 2104
Test Date: 07/29/2010 Test Time: 9:58am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:58am 9:58am 9:58am 9:58am 9:58am
***	1455	J. 50 am

### Blank Tests

Test	Status	Time
ATR	Pass	9 · 5 9 a m

### Printer Tests

Test	Status	Time
PRNT	Pass	9:59am

### CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

Preventive Maintenance Status: Pass

Anaiyst

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

County Me	Klenburg	Instrument Lo	cation <u>Mecklembu</u>	3 County SD
Instrument Seria	Il No. <u>008691</u>	801 E.	4th Street,	Charlotte
		704-8	53-0180	
The preventive four months are	maintenance procedures for the In	ntoximeters, Mode	l Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alcoholic breath sin	nulator 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" appo	ears, collect breath	sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.			
procedures were	the <u>29th</u> day of <u>Ju</u> performed on the instrument ind lealth and Human Services, and t	icated above, in a	cordance with current re	ng preventive maintenance gulations of the N.C.
THE STATE OF WAY TO THE STATE OF WAY TO THE STATE OF THE	ORIN CAROUNT	A formal of the state of the st		65 <u>Ф</u>
	// // Sign	ature of Certifying	g Official	Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Date: 07/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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/510F	Time
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Record Number: 2304
Test Date: 07/29/2010 Test Time: 9:57am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	9:58am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:58am

### CRC Tests

 Test	Status	Time
		9:58am 9:58am

Preventive Maintenance Status: Pass

Analyst

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

County /	Ecklenburg Instrument Location Med	clemburg County SD
Instrument Seri	ial No. <u>008703</u> 801 E. 4th 5th	ed, Charlotte
	704-353-018	30
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	c 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	4
10.	Verify that the ethanol gas canister is being changed before expi simulator solution is being changed every four months or after 1 whichever occurs first.	
procedures wer	n the <u>2946</u> day of <u>July</u> , 20/0 re performed on the instrument indicated above, in accordance with Health and Human Services, and the instrument is functioning prop	
TO THE STATE OF TH	Signature of Certifying Official	650 Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Date: 07/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:47am 9:48am
ACCY CHK	.08	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

tyre 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

### MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 2828
Test Date: 07/29/2010 Test Time: 9:56am EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	9:57am
Pass	9:57am
Pass	9:57am
	Pass Pass

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	9·58am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:58am

### CRC Tests

Test	Status	Time
COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance Status: Pass

Analyst

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

County Ale	Vander Instrument Location Alexander County 5D
Instrument Serial	No. <u>008813</u> <u>29 W. Main Avenue, Taylorsville</u> 828-632-4658
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 22 day of 30
THE STATE OF N	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 07/22/2010

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: 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: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:18pm 5:19pm 5:19pm 5:20pm <b>5:21pm</b>
AIR BLK SUB TEST AIR BLK	.00	5:21pm 5:22pm 5:23pm 5:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 593 Test Date: 07/22/2010 Test Time: 5:25pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:26pm
SRC	Pass	5:26pm
DET	Pass	5:26pm
BAR	Pass	5:26pm
BT	Pass	5:26pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:26pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:27pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:27pm
CAL	Pass	5:27pm

Preventive Maintenance Status: Pass

Analyst

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

County Sta	nly	Instrument Location Stan	ly Gunty 3D
Instrument Seria	1 No. <u>008824</u>	126 S. 3rd Stre.	,
The preventive n four months are:		toximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	the Olst day of July performed on the instrument indicath and Human Services, and the	dated above, in accordance with	
THE STATE OF A STATE O	January January 1	Iture of Certifying Official	Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 07/21/2010

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:53pm 3:54pm 3:55pm 3:56pm 3:56pm 3:57pm 3:59pm
AIR BLK	.00	3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 443 Test Date: 07/21/2010 Test Time: 4:01pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

### Blank Tests

Test	Status	Time
ATR	Pass	4:02pm

### Printer Tests

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

CAL Pass 4:02pm
Preventive Maintenance

Status: Pass

Pass 4:02pm

COMP

Analyst

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

County 5+0	Instrument Location Stanly Gunty SD
Instrument Seria	100. 008842 126. 5. 3rd Street, Albemacle
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>Olst</u> day of <u>July</u> , 20 <u>IO</u> 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.
CREAT STATE OF THE CREAT STATE O	Signature of Certifying Official Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 07/21/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 679
Test Date: 07/21/2010 Test Time: 4:02pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	4:02pm
SRC	Pass	4:02pm
DET	Pass	4:02pm
BAR	Pass	4:02pm
BT	Pass	4:02pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm

### CRC Tests

Test	Status	Time
COMP	Pass	4:03pm
CAL	Pass	4:03pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 07/16/2010

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

11/01/2009-11/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

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	rede	Instrument Location	Statesville PD
Instrument Se	erial No. <u>008619</u>	<u>330 S. T</u>	radd St Statesville
			-3406
The preventive four months a	-	he Intoximeters, Model Into	x EC/IR II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.		e alcoholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	<i>'</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath samp	ole;
7.	When "PLEASE BLOW"	appears, collect breath samp	ole;
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.			efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures w	on the 1344 day of	t indicated above, in accord	0 the forgoing preventive maintenance ance with current regulations of the N.C. oning properly.
A CARLA SECTION OF THE SECTION OF TH	ONO NO LINE CAROLINA  DESCRIPTION  DESCRIPTI	Signature of Certifying Off	icial Certificate Number

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 07/13/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	2:48pm 2:49pm 2:49pm 2:50pm 2:51pm 2:52pm 2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 496
Test Date: 07/13/2010 Test Time: 2:55pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

Analyst

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

County	edell	Instrument Location Iredel	1 County SD
Instrument Seri	ial No. <u>008809</u>	221 E. Water St.	, Statesville
		704-878-3131	
The preventive four months are	The state of the s	EIntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures we	re performed on the instrument i	, 20 10 the for indicated above, in accordance with curred the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF STA	NORTH CAROLINE S	ignature of Certifying Official	Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 07/13/2010

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

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

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

Analyst's Name: *HUTCHINSON, JOSEPH E*Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:23pm 2:24pm 2:25pm 2:26pm 2:26pm 2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 1178
Test Date: 07/13/2010 Test Time: 2:31pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Status	Time
Pass	2:31pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:32pm

Pass

2:32pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County Ca	bassus Instrument Location Kannapolis PD		
Instrument Seri	al No. 008589 314 S. Main Street, Kannepolis		
	704-920-4000		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures wer	the 10 the day of 14 y , 20 10 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF STA	CAROLL CARDINATION OF THE PROPERTY OF THE PROP		

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

Signature of Certifying Official

Certificate Number

### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 07/12/2010

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	2:29pm
AIR BLK	.00	2:30pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
 AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 1027
Test Date: 07/12/2010 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:37pm
FLO	Pass	2:37pm
FC	Pass	2:37pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

#### Printer Tests

Status

Time

2:38pm

2:38pm

Test

COMP

CAL

PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time

Pass

Pass

Preventive Maintenance Status: Pass

Analyst

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

County	<u> Labacrus</u>	Instrument Location Cahaccus	County SD
Instrument 5	Serial No. <u>008792</u>	30 Corban Ave Cond	ord
		704 -920-3000	
The prevent four months		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath gree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.		ster is being changed before expiration of aged every four months or after 125 Alc	
procedures	at on theday ofday of	, 20 \ the for icated above, in accordance with curren the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
* tota Oran	WUND E. HA	ature of Certifying Official	(050) Certificate Number

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 07/12/2010

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:44pm 1:45pm 1:46pm 1:46pm 1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 202 Test Date: 07/12/2010 Test Time: 1:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΣTR	Pass	1 · 5 3 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>Ca</u>	barrus	Instrument Location Cabac	rus County SD
Instrument Ser	ial No. <u>008590</u>	*	mond
		704 -920-3000	. •
The preventive four months are		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tin	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.		nister is being changed before expiration anged every four months or after 125	
procedures we	re performed on the instrument i	, 20 10 the ndicated above, in accordance with curd the instrument is functioning properly	rrent regulations of the N.C.
CREAT STATE OF THE CREAT SECTION OF THE CREAT SECTI	ASSET LA CAROLINA CONTRACTOR OF THE CAROLINA CON	gnature of Certifying Official	Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 07/12/2010

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: 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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	1:42pm 1:43pm 1:43pm 1:44pm 1:46pm 1:47pm 1:48pm 1:49pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 1120
Test Date: 07/12/2010 Test Time: 1:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

# Blank Tests

Test	Status	Time
ATR	Pass	1:52pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 07/09/2010

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:02pm 12:02pm 12:03pm 12:04pm 12:04pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	12:05pm 12:07pm 12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	MBERIAND Instrument Location FORT	BRA 66,_
Instrument Seria	INO. 008908 PHO. WillHary	Blice
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed	owed 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;	nulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
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.	
	the	ng preventive maintenance gulations of the N.C.
CHE COMMUNICATION OF THE CAREAU COMMUNICATION OF THE CAREA	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 07/27/2010

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: 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

m - - -

Test	g/210L	Time
DIAG AIR BLK	Pass	4:07pm 4:08pm
ACCY CHK	.08	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:13pm
AIR BLK	.00	4:14pm

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

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 680 Test Date: 07/27/2010 Test Time: 4:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

## 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

ΔTP	Dagg	4 · 17nm
Test	Status	Time

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm

## CRC Tests

Test	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

Preventive Maintenance Status: Pass

Analyst

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

County	JMBERIAND	Instrument Location Fort	- BRAGG
Instrument Se	erial No. <u>008903</u>	PMD. MilitAR	4 PBliCE
The preventiv		toximeters, Model Intox EC/IR II to be	: followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
l certify that of procedures we Department of	vere performed on the instrument ind	, 20 / O the foreign the foreign that the current is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
WWWID SELECTION OF	\Quil	ature of Certifying Official	S 2 9 Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 07/27/2010

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

## CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 446
Test Date: 07/27/2010 Test Time: 4:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:18pm
FLO	Pass	4:18pm
FC	Pass	4:18pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:19pm

Preventive Maintenance Status: Pass

Analyst

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

County	MOORE Instrument Location Pobbins Tolica	Former Paragram
Instrument	Serial No. 008728 DEpt. Robbins, NC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The prever four month	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evens are:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer states 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
I certify the procedures Department	at on the	ance
CREAT SE	ATE ON OPPORTUDE TO AN ANY MODIFICATION OF THE STATE OF T	•

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 07/30/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG910601 Exp Date: 04/16/2011

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

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Record Number: 153 Test Date: 07/30/2010 Test Time: 12:04pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:04pm 12:04pm 12:04pm 12:04pm 12:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CDC Tests	

Test	Status	Time
COMP	Pass Pass	12:05pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County_	ROBESON Instrument Location (UMBERTON)
Instrume	ent Serial No. 008836 LEC, Robeso J Co. So.
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
CREAT SE	STATE ON TO THE COLUMN VIDE AND THE COLUMN VID

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 07/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:42pm 1:43pm 1:44pm 1:44pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

## ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 984 Test Date: 07/28/2010 Test Time: 1:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR	Pass	1:52pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	
Test	Status	Time

1:53pm

1:53pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

**Analyst** 

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

County_	77	BESON Instrument Location (UMBERTON)
Instrume	ent Serial	No. 208805 (EC, Robeson Co, So.
The prev		aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.		Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.		Verify instrument displays time and date;
3.		Initiate breath test sequence;
4.	,	Enter information as prompted;
5.		Verify instrument accuracy;
6.		When "PLEASE BLOW" appears, collect breath sample;
7.		When "PLEASE BLOW" appears, collect breath sample;
8.		Print test record;
9		Verify Diagnostic Program; and
10.		Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on t ires were nent of H	he ZS day of , 20 / the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
CREATSCA	STATE OF NO.	Signature of Certifying Official  Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 07/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:43pm 1:44pm 1:45pm 1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

# ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 925
Test Date: 07/28/2010 Test Time: 1:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

# CRC Tests

Test	Status	Time	
COMP	Pass	1:52pm	
CAL	Pass	1:52pm	

Preventive Maintenance Status: Pass

**Analyst** 

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

County <u>BU</u>	1Ke Instrument Location Morganton DPS
Instrument Seria	Instrument Location Marganton DPS  al No. 608904  Marganten, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 30 day of , 2010 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.
CORPACION MADIO SELECTION AND	Signature of Certifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 07/30/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:24pm 2:25pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904

Test Record Number: 353

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
BT	Pass	2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

Analyst

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

County B	erial No. 008831 Instrument Location Marganton DPS  Marganton NC	
Instrument Se	erial No. OO8831 Morganton NC	
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on are:	ce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermom 34 degrees, plus or minus .2 degree centigrade;	neter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simul whichever occurs first.	c breath lator tests,
I certify that of procedures we Department of	on the	aintenance N.C.
AND STATE STATE OF THE STATE OF	1 CAROLL 649	
	Signature of Certifying Official Certificate Nu	ımber

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 07/30/2010

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

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

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

Analyst's Name: BURNETTE, ANTHONY J Permit Number: 11304E Effective: 10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:27pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 933
Test Date: 07/30/2010 Test Time: 2:32pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance Status: Pass

Analyst

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

County MC	Dowell Instrument Location McDowell Co. Jail al No. 608888 Marion, NC
Instrument Seria	al No. <u>608888</u> <u>Marion, NC</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 I	the
THE STATE OF MANY TO ST	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 07/26/2010

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: NC Driver's License Number: XX

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:07pm
ACCY CHK	.08	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
ATR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 424
Test Date: 07/26/2010 Test Time: 4:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Toat	Status	Time

Test	Status	111116
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance Status: Pass

Analyst

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

County Ca	Instrument Location Caldwell Co. Jail
Instrument Se	rial No. <u>008803</u> <u>Leacis</u> , NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803 Test Date: 07/12/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 191 Test Date: 07/12/2010 Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

## Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	2 · 41pm

#### Printer Tests

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

COMP Pass 2:41pm CAL Pass 2:41pm

Preventive Maintenance Status: Pass

Analyst

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

County Mi	Instrument Location Spruce Pine DD
Instrument Seria	INO. <u>008726</u> <u>Space Pine ac</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 I	the
OFFILE CREATE OF THE STATE OF T	Signature of Certifying Official Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 07/19/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Lot Number: 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	2:47pm 2:48pm 2:49pm 2:49pm 2:50pm 2:51pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 301 Test Date: 07/19/2010 Test Time: 2:54pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm
	CRC Tests	
Tect	Ctatuc	Time

Test	Status	11е
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance Status: Pass

Analyst

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

County /a/	ial No. 208653  Instrument Location Vancey Co. Jail  Burnsville NC
Instrument Seri	ial No. <u>008653</u> Burnsville, 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 wer	the 22 day of J// ,20/0 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	CAROLL CA

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 07/22/2010

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:37pm 3:38pm 3:39pm 3:40pm <b>3:40pm</b>
AIR BLK SUB TEST AIR BLK	.00 .00 .00	3:41pm 3:42pm 3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 672 Test Date: 07/22/2010 Test Time: 3:45pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Teat	Status	Time

rest	Status	TTILLE
COMP	Pass	3:46pm
CAL	Pass	3:46pm

Preventive Maintenance Status: Pass

Analyst

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

County /	erial No. 008664 Instrument Location Avery Co. Jail  Newland NC
Instrument S	erial No. 008664 Newland, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF THE STATE	OF NORTH CAROLING TO THE CAROL
A STATE OF OTHER AS	1222 649
	Signature of Certifying Official Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 07/23/2010

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Permit Number: 11304E Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:12am 11:13am 11:14am 11:15am 11:15am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 316
Test Date: 07/23/2010 Test Time: 11:20am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

# Blank Tests

Test	Status	Time
AIR	Pass	11:21am

# Printer Tests

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

11:21am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	BRUINSWICK Instrument Location BAT Mabile Com + Co
Instrument §	Serial No. <u>608869</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the
ALSO SEE ALS	Signature of Certifying Official Certificate Number

# BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 327
Test Date: 07/03/2010 Test Time: 7:23pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:24pm

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	7:24pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm
	CRC Tests	
Test	Status	Time

COMP	Pass	7:25pm
CAL	Pass	7:25pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 07/03/2010

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

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

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

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

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

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

Toat

a/2101. Time

rest	9/2101	TIME
DIAG	Pass	7:13pm
AIR BLK	.00	7:14pm
ACCY CHK	.08	7:14pm
AIR BLK	.00	7:15pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:18pm
SUB TEST	.00	7:19pm
AIR BLK	.00	7:20pm

Reported AC: \_\_00 g/210L

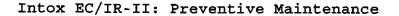
Signature of Chemical Analyst

Court CVR

H. C. Malyst



County SZ	answice Instrument Location BAT MOSILE LANTE
Instrument Ser	rial No. <u>608939</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the day of, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number



## BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 382 Test Date: 07/03/2010 Test Time: 7:17pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
BT	Pass	7:17pm

## Blank Tests

Test	Status	Time	
AIR	Pass	7:18pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:18pm

7:18pm

Preventive Maintenance Status: Pass

Pass

J. C. Mode

s form is used when nerforming Preve

CAL

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 07/03/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:08pm 7:09pm
ACCY CHK	.08	7:09pm
AIR BLK	.00	7:10pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mock

## NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 446
Test Date: 07/17/2010 Test Time: 7:38pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

# Temperature Tests

Status	Time
Pass	7:39pm
	Pass Pass Pass Pass

# Blank Tests

rest	Status	Time
AIR	Pass	7:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:40pm 7:40pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008898 Test Date: 07/17/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:31pm
ACCY CHK	.07	7:32pm 7:32pm
AIR BLK	.00	7:33pm
SUB TEST	.00	7:34pm
AIR BLK	.00	7:35pm
SUB TEST	.00	7:36pm
AIR BLK	.00	7:37pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County Ne	W Hangver Instrument Location	Mobile Unitle
Instrument Seria	INO. <u>008939</u>	
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the	the forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

# NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 400 Test Date: 07/17/2010 Test Time: 9:47pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:47pm 9:47pm
FC	Pass	9:47pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

# Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

9:48pm

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939 Test Date: 07/17/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:38pm 9:39pm 9:40pm
AIR BLK SUB TEST	.00 .00	9:40pm 9:41pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:44pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

K-C-//

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

County <u>//</u>	ew Hanever Instrument Location SAI Mobile Com	: <b>*</b> (
Instrument S	erial No. <u>008869</u>	_
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	_
<b>1.</b>	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	NS.
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	١,
I certify that procedures v Department	on the day of da	e
LVIS GREAT	Signature of Certifying Official Certificate Number	-
	Signature of Certifying Official Certificate Number	

# NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Record Number: 338
Test Date: 07/17/2010 Test Time: 7:35pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

# Temperature Tests

Test Status Time	
FC1 Pass 7:36p	m
SRC Pass 7:36p	m
DET Pass 7:36p	m
BAR Pass 7:36p	m
BT Pass 7:36p	m

## Blank Tests

Test	Status	Time
ATR	Pagg	7 • 3 7 mm

# Printer Tests

Test	Status	Time
PRNT	Pass	7:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:37pm 7:37pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 07/17/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

\$	EMPSWICK Instrument Location 597	1406.12 401746
Instrument So	erial No. <u>0088 98</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath 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 expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of, 20/ the vere performed on the instrument indicated above, in accordance with cut of Health and Human Services, and the instrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C.
OF STATI	C C C C	601
	Signature of Certifying Official	Certificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 437
Test Date: 07/03/2010 Test Time: 7:14pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:14pm
FLO	Pass	7:14pm
FC	Pass	7:14pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:14pm
SRC	Pass	7:14pm
DET	Pass	7:14pm
BAR	Pass	7:14pm
BT	Pass	7:14pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:15pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:15pm 7:15pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 07/03/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	7:05pm
AIR BLK	.00	7:07pm
ACCY CHK	.07	7:07pm
AIR BLK	.00	7:08pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:10pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:12pm

Reported AC: .00 g/210L

Court CVR

5. C. Mode

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

County 1/4	The Handver Instrument Location BAT MA	lobale unit 6
Instrument Seria	al No. <u>808898</u> Instrument Location <u>BAT MA</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 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 I	theday of, 20 the form the performed on the instrument indicated above, in accordance with curre Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance intregulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

# NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 439
Test Date: 07/04/2010 Test Time: 2:40pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:4 <b>1</b> pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

#### Printer Tests

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

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008898 Test Date: 07/04/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

5- Challes Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	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 date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department of	on the day of, 20/0 the forere performed on the instrument indicated above, in accordance with current for Health and Human Services, and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATION OF	Signature of Certifying Official	Certificate Number

# NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 387
Test Date: 07/04/2010 Test Time: 2:35pm EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:37pm

Preventive Maintenance Status: Pass

Pass

2:37pm

CAL

T. C. Malyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939 Test Date: 07/04/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:28pm 2:29pm 2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L.C. Malyst

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

County <u> </u>	nswice Instrument Location 341 Mabile Lanit
Instrument Serial	INo. <u>008869</u>
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the
OF WAY 20. 175 ON A SEE OLAM VIDEN	Signature of Certifying Official Certificate Number

# BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 333 Test Date: 07/10/2010 Test Time: 12:08am EDT

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	12:09am

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

## BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 07/09/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:59pm 12:00am
ACCY CHK	.08	12:01am
AIR BLK	.00	12:02am
SUB TEST	.00	12:03am
AIR BLK	.00	12:04am
SUB TEST	.00	12:05am
AIR BLK	.00	12:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Manalyst

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

County	Instrument Location SAI Nobile C	<u> </u>
Instrument Seri	erial No. <u>008939</u>	<del></del>
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least oncorre:	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade;	ter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	breath tor tests,
I certify that on procedures wer Department of	on the	ntenance I.C.
THE STATE OF THE S	Signature of Certifying Official Certificate Nur	

# PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008939 Test Record Number: 395 Test Date: 07/10/2010 Test Time: 4:59pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass	4:59pm 4:59pm
FLO FC	Pass Pass	4:59pm

## Temperature Tests

Test Status Time	
FC1 Pass 4:59p	m
SRC Pass 4:59p	m
DET Pass 4:59p	m
BAR Pass 4:59p	m
BT Pass 4:59p	m

# Blank Tests

Test	Status	Time
AIR	Pass	mg00:2

## Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance Status: Pass

K.C.Mock

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008939 Test Date: 07/10/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:49pm 4:50pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:55pm
ATR BLK	.00	4:56pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Ciz	Instrument Location BAT Mobile USIT
Instrument Seria	INO. 008939
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 23 day of 30
OF THE STATE OF A VIEW TO	Signature of Certifying Official Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Record Number: 409 Test Date: 07/23/2010 Test Time: 11:00pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02pm 11:02pm

Preventive Maintenance Status: Pass

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 07/23/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:52pm 10:53pm 10:54pm 10:55pm 10:55pm 10:56pm 10:58pm 10:59pm
2111		10.00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K-Callsole
Analyst

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

County_	CRAVEN Instrument Location SAT Mobile UnitC
Instrume	nt Serial No. <u>008898</u>
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.
I certify procedur Departm	that on the day of day of the forgoing preventive maintenance 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.
SE CREATE OR A SE	STATE OF A DO TO

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Record Number: 454
Test Date: 07/23/2010 Test Time: 11:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:06pm
SRC	Pass	11:06pm
DET	Pass	11:06pm
BAR	Pass	11:06pm
BT	Pass	11:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:07pm
C	CRC Tests	
Test	Status	Time
COMP	Pass	11:07pm

11:07pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Date: 07/23/2010

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:56pm 10:57pm
ACCY CHK	.07	10:58pm
AIR BLK SUB TEST	.00	10:59pm 10:59pm
AIR BLK	.00	11:00pm
SUB TEST	.00	11:02pm
AIR BLK	.00	mq80:11

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Modern

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

County	incoln	Instrument Loc	ation(	Courth	ouse
Instrument Seria	nl No. <u>0088</u> 17	#/ Court	house	e 5q.,	Lincolnton
The preventive refour months are:	maintenance procedures for the	Intoximeters, Model	Intox EC/	IR II to be folk	owed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		or the alcoh	nolic breath sir	nulator thermometer shows
2.	Verify instrument displays ti	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;		per la companya di salah s
7.	When "PLEASE BLOW" ap	pears, collect breath	sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.				
	he			ith current reg	g preventive maintenance gulations of the N.C.
THE INTERIOR OF NO.	Signature Signat	Cly D.	· (()((	Oes _	557 Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 07/27/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:26pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
ATR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 617 Test Date: 07/27/2010 Test Time: 2:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
BT	Pass	2:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:34pm CAL Pass 2:34pm

Preventive Maintenance Status: Pass

BORLY D. WWW.

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

County	incoln	Instrument Location Court ha	cuse
Instrument Seria	al No. <u>008833                                 </u>	#1 Courthouse Sq. 704-732-9020	Lincolnton
The preventive if four months are:		oximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath si	mulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration date ed every four months or after 125 Alcohol.	
	performed on the instrument indica	ated above, in accordance with current resinstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
OTHE STATE OF NO. 175 N. 175 N	Signate	Une of Certifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 07/27/2010

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

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:54pm 1:55pm 1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:59pm
AIR BLK	.00	2:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Boly D. Willis

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 603 

System Check: Passed

Baseline Tests				
	Test	Status	Time	
	IR FLO	Pass Pass	2:01pm 2:01pm	
	FC	Pass	2:01pm	

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
$\mathtt{BT}$	Pass	2:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:02pm 2:02pm

Preventive Maintenance Status: Pass

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

County	ecklenburg Instrument Location Cornelius P. D.		
Instrument Seria	and and the first to the		
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 theday of, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
THE STATE OF NO. 1775	Bely D. William 557  Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008927 Test Date: 07/07/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	1:16pm
AIR BLK	.00	1:16pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis

#### MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008927 Test Record Number: 274 

System Check: Passed

#### Baseline Tests

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

#### 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	1:24pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	ROCKINGHAM	Instrument Location_	BAT MOBILE	UNIT
Instrument	Serial No. <u>608</u> 616		STOKES DALE	, NC
The prever	ntive maintenance procedures for the In as are:	toximeters, Model Intox I	EC/IR II to be followed at least	once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	tisplays pressure, or the a	coholic breath simulator therm	ometer shows
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" appea	urs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed befor ed every four months or	e expiration date, or the alcoholater 125 Alcoholic Breath Sim	olic breath nulator tests,
l certify that procedures of Department	t on the 10 day of 30 were performed on the instrument indic of Health and Human Services, and the	ated above, in accordance instrument is functioning	the forgoing preventive rewith current regulations of the g properly.	maintenance e N.C.
STATE STATE OF THE CONTROL OF THE CO	TO A CONTROL OF THE C			
STATE OLIM	_ Ulm	Lay Ben	<b>5</b> 64	8
	Signati	ure of Certifying Official	Certificate N	<u> </u>

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

ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008616 Test Date: 07/10/2010

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: 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	Pass .00 .07 .00 .00	11:18pm 11:19pm 11:20pm 11:21pm 11:21pm 11:22pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colum Ray Bar

#### ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008616 Test Record Number: 889
Test Date: 07/10/2010 Test Time: 11:25pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:26pm

11:26pm

COMP

CAL

alu Ray Bens

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

County_	Instrument Location PELSON CO. LEC.
Instrument Seria	al No. 008693 120 cover St. fexBoro, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of 5014, 20 10 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 07/29/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:46am 11:47am 11:48am 11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 578
Test Date: 07/29/2010 Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Status Time

#### Printer Tests

Test

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

Preventive Maintenance Status: Pass

Analyst

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

County	PERSON Instrument Location EXSON CO. LEC
Instrumer	t Serial No. 008880 120 COLF ST. Rex BORO, W.C
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the day of, 20 \( \) the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
SE S	CAROLLINE
	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 07/29/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\ \ Analys

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 265
Test Date: 07/29/2010 Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

#### Printer Tests

Test

PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:08pm 12:08pm

Status Time

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD 1	nstrument Location_	BAT	MOBILE	UNIT.
Instrument S	Serial No. <u>0086 47</u>		GRE	MOBILE ENSBOR	10,20C
The prevent four months	tive maintenance procedures for the Intoxins are:	neters, Model Intox I	EC/IR II to b	e followed at least	t once every
1.	Verify the ethanol gas canister displaced at degrees, plus or minus .2 degree of	ys pressure, or the al	lcoholic brea	th simulator thern	nometer shows
2.	Verify instrument displays time and	late;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, co	ollect breath sample;			
7.	When "PLEASE BLOW" appears, co	ollect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is simulator solution is being changed exwhichever occurs first.	being changed befor ery four months or a	e expiration after 125 Alc	date, or the alcoho oholic Breath Sin	olic breath nulator tests,
I certify that opposed ures we Department o	on the	above, in accordance	with curren	going preventive t t regulations of th	maintenance e N.C.
THE STATE IN COLUMN TO STATE IN	Glu Ren	1 Ben	<b>&gt;</b>	<b>64</b>	8
	Signature of	Certifying Official		Certificate N	lumber

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

Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 07/09/2010

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:41pm 11:42pm
ACCY CHK AIR BLK	.08	11:42pm 11:43pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:46pm
AIR BLK	.00	11:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 815 Test Date: 07/09/2010

Test Time: 11:47pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:48pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:48pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Lay Bang Analyst

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

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008 (16</u>		BAT MOBILE UNIT 3 GREENSBORD, NC
The prevent four months	tive maintenance procedures for the I	ntoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the al	coholic 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	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed befor ged every four months or a	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
certify that procedures w Department of	on the <u>9</u> day of <u>JC</u> vere performed on the instrument indi- of Health and Human Services, and the	cated above, in accordance instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
CAR STATE OF THE S	Clem (	Ray Baine	o 648
		ture of Certifying Official	Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 07/09/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number, AC004000

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:25pm 11:26pm 11:26pm 11:27pm 11:28pm 11:29pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 884
Test Date: 07/09/2010 Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:32pm
FLO	Pass	11:32pm
FC	Pass	11:32pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:32pm
SRC	Pass	11:32pm
DET	Pass	11:32pm
BAR	Pass	11:32pm
BT	Pass	11:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:33pm 11:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	IREDELL	Instrument Location	BAT MOBILE UNIT 3
Instrument S	Serial No. <u>008616</u>		BAT MOBILE UNIT 3 MOORESVILLE, NC
The prevents		itoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		alcoholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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		
10.			Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department c	on the 16 day of 50 day of 16 day of	cated above, in accordar e instrument is function	the forgoing preventive maintenance maintenance with current regulations of the N.C. ing properly.
THE STATE OF THE S	alu	Ray Ben	<u>~</u> 48
	Signa	ture of Certifying Offici	

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 07/16/2010

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: 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	Pass .00 .07	11:20pm 11:21pm 11:21pm
AIR BLK SUB TEST	.00	11:22pm 11:22pm
AIR BLK	.00	11:23pm
SUB TEST AIR BLK	.00 .00	11:25pm 11:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Record Number: 894
Test Date: 07/16/2010 Test Time: 11:26pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass	11:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:27pm
SRC	Pass	11:27pm
DET	Pass	11:27pm
BAR	Pass	11:27pm
BT	Pass	11:27pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27pm 11:27pm

Preventive Maintenance Status: Pass

Analyst

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

County	TREDELL	Instrument Location	BATMOBILE UNIT 3
Instrument S	Gerial No. <u>008647</u>		MOORESVILLE, NC
The preventi four months	•	Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>i</b> ;	
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.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures w	on the 16 day of 5 day of 6 day of 6 day of 7 day of 7 day of 7 day of 8 day of 8 day of 9 da	dicated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
THE CHANGE OF THE CORE AT THE	Olu	Ray Bananature of Certifying Officia	

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 07/16/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .08 .00 .00	11:22pm 11:23pm 11:24pm 11:25pm 11:25pm 11:26pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray B.

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 07/16/2010 Test Record Number: 824
Test Time: 11:29pm EDT

### Baseline Tests

System Check: Passed

Test	Status	Time
IR FLO	Pass	11:29pm
FC	Pass Pass	11:29pm 11:29pm
	1400	T T + 4 - 7 DIII

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:29pm 11:29pm 11:29pm 11:29pm 11:29pm
		7

#### Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Ilm Ray Bens
Analyst

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

County	ALEXANDER	_ Instrument Location_	BAT MOBILE UNIT 3
Instrument	t Serial No. <u>008616</u>		BATMOBILE UNIT 3 TAYLORSVILLE, NC
The prever		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the a legree centigrade;	alcoholic breath simulator thermometer show
2.	Verify instrument displays tir	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	е;
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
l certify th procedures Departmer	at on the	dicated above, in accordar the instrument is function	the forgoing preventive maintenance maintenance with current regulations of the N.C. ing properly.
ESTATE GREATS	( ) Lune 1	Ray Benn Enature of Certifying Offic	ial Certificate Number

#### ALEXANDER COUNTY BAT MOBILE UNIT 3 010

Serial Number: 008616 Test Date: 07/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:27pm 4:28pm 4:29pm 4:30pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clen Kay Banso Analyst

#### ALEXANDER COUNTY BAT MOBILE UNIT 3 010

Serial Number: 008616 Test Re Test Date: 07/17/2010 Test Test

Test Record Number: 900 Test Time: 4:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:34pm
FLO	Pass	4:34pm
FC	Pass	4:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:35pm
SRC	Pass	4:35pm
DET	Pass	4:35pm
BAR	Pass	4:35pm
BT	Pass	4:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:35pm 4:35pm

Preventive Maintenance Status: Pass

Analyst

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

County	CATAWBA	Instrument Location	on BATM	OBILE	WIT 3
Instrument	Serial No. <u> </u>		on <u>BATM</u> TERH	RELL, A	)C
The prevent	tive maintenance procedures for t s are:	he Intoximeters, Model Int	tox EC/IR II to be fol	llowed at least o	ence every
1.	Verify the ethanol gas cani. 34 degrees, plus or minus.		he alcoholic breath si	mulator thermo	meter shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	<b>;</b> ;			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	•			
6.	When "PLEASE BLOW"	appears, collect breath san	nple;		
7.	When "PLEASE BLOW"	appears, collect breath san	nple;		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed l changed every four month	before expiration date is or after 125 Alcoho	e, or the alcohol olic Breath Simi	lic breath ulator tests,
I certify that procedures Department	were performed on the instrument of Health and Human Services, a	indicated above, in according the instrument is function	20/0 the forgoi dance with current re ioning properly.	ng preventive πegulations of the	naintenance e N.C.
STAN OF THE CONTRACT OF THE CO	lilu	Signature of Cortifying Of		Certificate N	

CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008616 Test Date: 07/31/2010

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	3:13pm 3:14pm 3:15pm 3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008616 Test Date: 07/31/2010

Test Record Number: 908
Test Time: 3:23pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:24pm 3:24pm 3:24pm 3:24pm 3:24pm
		_

#### 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

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	BILE ONIT 3
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test	L, NC
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test	at least once every
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ol>	thermometer shows
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ol>	
<ol> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ol>	
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ol>	
<ol> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ol>	
<ol> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ol>	
<ul> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test</li> </ul>	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test	
	e alcoholic breath eath Simulator tests,
I certify that on the 31 day of JULY, 20 10 the forgoing preventive maintenant procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	rentive maintenance ns of the N.C.
Signature of Certifying Official  Certificate Number	

CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008707 Test Date: 07/31/2010

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: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:17pm 3:18pm 3:18pm
AIR BLK	.00	3:19pm 3:19pm
SUB TEST	.00	-
AIR BLK	.00	3:20pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008707 Test Date: 07/31/2010

Test Record Number: 601 Test Time: 3:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:23pm
FLO	Pass	3:23pm
FC	Pass	3:24pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:25pm

Preventive Maintenance Status: Pass

Pass

3:25pm

CAL

Analyst

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

County	NULFORD Instrument Location BAT MOBILE UNIT
Instrument Seria	Instrument Location BAT MOBILE UNIT GIBSONVILLE, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the <u>30</u> day of <u>JULY</u> , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
TOTAL STATE OF N	Clan Ray Barnes 648

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 07/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .08 .00 .00	11:14pm 11:15pm 11:15pm 11:16pm 11:17pm 11:17pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm
		<u> </u>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 830 Test Date: 07/30/2010 Test Time: 11:20pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:21pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22pm 11:22pm

Preventive Maintenance Status: Pass

Anaiyst

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

<b>a</b>	GULL FORD Instrument Location BAT MOBILE UNIT
County	GUILFORD Instrument Location BAT MOBILE UNIT  t Serial No. 008616 GIBSONVILLE, NC
The preve	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedur Departm	that on the
GREAT	STATE OF TO THE STATE OF TO THE STATE OF THE
All Sales	Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 07/30/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:12pm
AIR BLK ACCY CHK	.00 .07	11:13pm 11:14pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Bans

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 905 Test Date: 07/30/2010 Test Time: 11:19pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

	1 20
	l1:20pm l1:20pm
DET Pass 1	1:20pm
BAR Pass 1	1:20pm
BT Pass 1	.1:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:20pm
CAL	Pass	11:20pm

Preventive Maintenance Status: Pass

11:20pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location CLAYTON POLICE DOPT.
Instrument	ADDITO MINITED NO
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 22 day of JULY, 20/0 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
SI S	Signature of Certifying Official  Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 07/22/2010

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: 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 ACCY CHK	Pass .00 .08	6:17pm 6:18pm 6:19pm
AIR BLK	.00	6:20pm
SUB TEST	.00	6:20pm
AIR BLK	.00	6:21pm
SUB TEST	.00	6:23pm
ATR BLK	.00	6:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 510

Test Date: 07/22/2010

Test Time: 6:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:30pm
FLO	Pass	6:30pm
FC	Pass	6:30pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:30pm
SRC	Pass	6:30pm
DET	Pass	6:30pm
BAR	Pass	6:30pm
BT	Pass	6:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:31pm 6:31pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Swain	Instrument Location Swain Co. Jail
Instrume	nt Serial No. <u>008727</u>	Bryson City, NC
The prev		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays tim	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	ears, collect breath sample;
7.	When "PLEASE BLOW" app	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; an	d
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
I certify procedur Departm	that on the day of res were performed on the instrument inc tent of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE OF THE CANADA	STATE OF NORTH COLOMA VIDER TO	R. Carlos 635  nature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 07/06/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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 SUB TEST	Pass .00 .08 .00 .00 .00	11:25am 11:26am 11:27am 11:27am 11:28am 11:29am 11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 451
Test Date: 07/06/2010 Test Time: 11:32am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:33am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County $\leq 6$	vain Instrument Location Swain Co. Jail
Instrument Seria	No. 008723 Bryson City, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of Jay, 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.
OTHER STATE OF A	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 07/06/2010

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

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

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

Analyst's Name: 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	11:24am 11:25am
ACCY CHK	.08	11:26am 11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 214
Test Date: 07/06/2010 Test Time: 11:31am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:31am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

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

Pass

11:32am

11:32am

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

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

County	11 Instrument Location SHP BAT Mobile
Instrument Seri	al No. 008929 Unit
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 13 day of 1/2 day
CALL STATE ON WALL SO THE STATE OF WALL SO THE STAT	Signature of Certificial Certificate Number

PITT COUNTY SHP BAT MOBILE UNIT 730

Serial Number: 008929 Test Date: 07/13/2010

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: AG003403 Exp Date: 02/03/2012

Test	g/510F	Time
DIAG AIR BLK	Pass	1:26pm 1:27pm
ACCY CHK	.08	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: , ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY SHP BAT MOBILE UNIT 730

Serial Number: 008929 Test Record Number: 261 Test Date: 07/13/2010 Test Time: 1:34pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County //	Instrument Location Hyde 6, Sheriff's Office
Instrument Seria	Instrument Location/tyde Co. Sheriff's Office al No. 008801 W33 Mainst, Sugn Quarter, M. (
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	the day of day o
THE STATE OF AN ACTION OF THE STATE OF AN ACTION OF THE STATE OF AN ACTION OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 07/20/2010

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

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

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

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

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

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

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

Reported AC:

Signature of Chemical Analyst

Court CVR

#### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 162 Test Date: 07/20/2010 Test Time: 11:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13am 11:13am
FC	Pass	11:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
$\mathtt{BT}$	Pass	11:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

CAL

Test	Status	Time
PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

Pass

11:14am

Preventive Maintenance Status: Pass

Analyst

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

County 1 A	Instrument Location DARY Co. DUMNION CONTO
Instrument Seri	ial No. 204424 Instrument Location DARY DO. DURWING 1 CONXU
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF THE S	
OF OLIM VIDE	Tinled Rouse 647
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 07/28/2010

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 635 Test Date: 07/28/2010 Test Time: 12:33pm EDT

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	12:33pm
SRC	Pass	12:33pm
$\mathtt{DET}$	Pass	12:33pm
BAR	Pass	12:33pm
${ t BT}$	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

1000	Beacas	11110
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance Status: Pass

Analyst

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

County N	Instrument Location DAGE CO. DWWY 1911		
Instrument Serie	al No. DOETES 1244 Deil's Wood Dr., Madres, N.C		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the			
THE STATE OF THE S	Service School (47)		

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

Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 07/28/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:24pm 12:25pm 12:25pm 12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
ATR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find X Keesl

### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 147 Test Date: 07/28/2010 Test Time: 12:31pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:32pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:33pm 12:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	suilford Instrument Location UNC-	reens bor o
Instrument Seri	ial No. 008604 Instrument Location UNC-G	partment
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follo e:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcoholi whichever occurs first.	
I certify that on procedures wer Department of	n the 2 7 day of J y , 20 1 0 the forgoing re performed on the instrument indicated above, in accordance with current regularity and Human Services, and the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE S		642 Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 07/27/2010

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: DEAN, L K Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:26pm 1:27pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:31pm
ATR BLK	. 0.0	1:32  pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 881
Test Time: 1:34pm EDT

Test Date: 07/27/2010 Test

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Rockingham Instrument Location Edon Police
Instrume	ent Serial No. 008636 Department
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on theday of, 20 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.
ONE AT STATE OF THE ONE AT	Signature of Certifying Official  Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 07/14/2010

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

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

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

Analyst's Name: 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: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.07	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Fein Deon Analyst

### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 782 Test Date: 07/14/2010

Test Time: 3:04pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

### Blank Tests

Test	Status	Time
ATR	Pass	3:06pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:06pm 3:06pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ockingham Instrument Location Reidsville
Instrument Se	erial No. 008784 Police Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
CREATE OF THE STATE OF THE STAT	Litaria In Dead 642

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

Signature of Certifying Official

Certificate Number

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 07/14/2010

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

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

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

Analyst's Name: 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: AG916701 Exp Date: 06/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 378
Test Date: 07/14/2010 Test Time: 2:02pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:02pm 2:02pm
FC	Pass	2:03pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	2:03pm

### Printer Tests

Status

Test

CAL

Time

2:04pm

PRNT	Pass	2:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:04pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County_	Instrument Location Kenners wille P.W
Instrument S	Serial No <i>OO 86 50</i>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
SEE STATE OF THE S	100 100 100 100 100 100 100 100 100 100
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 07/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 571 Test Date: 07/27/2010 Test Time: 1:10pm EDT

System Check: Passed

### Baseline Tests

Test		Status	Time
IR	,	Pass	1:10pm
FLO		Pass	1:10pm
FC		Pass	1:10pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:11pm
CAL	Pass	1:11pm

Preventive Maintenance Status: Pass

Analyst

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

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

County 101	159th Instrument Location TONS of the Co DETENTION
Instrument Se	erial No. 008583 Instrument Location Tonsyth Co Detection
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 27 day of (2/4, 20/0) the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 07/27/2010

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 State: XX
Driver's License Number: NONE

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

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

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

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

Reported AC: // .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 2410 Test Date: 07/27/2010 Test Time: 10:59am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

### Printer Tests

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

Pass

11:01am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County Fo	erial No. 008660 Instrument Location Forsyth & Detention
Instrument Se	erial No. <u>008660</u> <u>CENTER</u>
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 37 day of 34/4, 20/0 the forgoing preventive maintenance are 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	632
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 07/27/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:37am 10:38am 10:38am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am

Reported AC: 1.90 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

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 1296
Test Date: 07/27/2010 Test Time: 10:44am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:45am
FLO	Pass	10:45am
FC	Pass	10:45am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
BT	Pass	10:45am

### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

### Printer Tests

Status

Time

10:46am

Test

CAL

PRNT	Pass	10:46am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County For	ial No. 008659 Instrument Location Fonsy the Contention.
Instrument Ser	ial No. 008659 Center
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 27 day of 6, 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.
THE STATE OF THE OF THE PROPERTY OF THE PROPER	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 07/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:37am
ATR BLK	.00	10:38am

Reported AC9 ,00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 1038
Test Date: 07/27/2010 Test Time: 10:41am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Time

### Printer Tests

Status

Test

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

Preventive Maintenance Status: Pass

Analyst

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

County	Alleghan Instrument Location Alleghang la Jail
Instrumen	t Serial No. <u>608890</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	nat on the
CO SEC. A	Signature of Certifying Official  Certificate Number

### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 07/26/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:38pm 2:38pm
ACCY CHK	.08	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 213
Test Date: 07/26/2010 Test Time: 2:44pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. OC 8925  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program, and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the 3 day of 200 the forgoing preventive maintenance procedures were performed on the instrument indigated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County 1/2	1 Instrument Location Yack (NU. 1/E P. D.
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	Instrument Se	rial No. <u>00 8925</u>
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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.  I certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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.  I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
CARD TO THE PARTY OF THE PARTY	procedures we	ere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	GREAT GREAT	Charles (Manual Collans)

### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 07/13/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:14pm 2:15pm 2:16pm 2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:21pm

Reported AC: \_\_00\_g/240L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 177 Test Date: 07/13/2010 Test Time: 2:21pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:22pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm

2:23pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	Yadkin Instrument Location Yadkin Co Jail	<i>i</i>
Instrument	Serial No. <u>008944</u>	
The prevent	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever as are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;	ow
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
	at on the	ce
STAN STAN TO THE S	CAROLLE CONTROLLE CONTROLL	_

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 07/13/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:44pm 1:45pm 1:45pm 1:46pm 1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 486 Test Date: 07/13/2010 Test Time: 1:52pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

### Printer Tests

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

Preventive Maintenance Status: Pass

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

**Department of Health and Human Services** Rev. 12/2007

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

County	Wilkes	Instrume	nt Location 6/1/16	ES 6	Court Huse
Instrumen	nt Serial No. <u>00884</u>	<u> </u>		<del></del>	
The preve	entive maintenance procedures for	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			oreath simulate	or 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	су;			
6.	When "PLEASE BLOW	" appears, collect l	oreath sample;		
7.	When "PLEASE BLOW	" appears, collect l	oreath sample;		
8.	Print test record;				
9.	Verify Diagnostic Progra	ım; and			
10.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being ng changed every fo	changed before expira our months or after 125	tion date, or th 5 Alcoholic Br	ne alcoholic breath reath Simulator tests,
procedure	nat on theday of es were performed on the instrum nt of Health and Human Services	ent indicated above	, 20 / O the standard through the standard transfer to the standard transfer transfer to the standard transfer tra	urrent regulati	eventive maintenance ons of the N.C.
S S S S S S S S S S S S S S S S S S S	TATE ON ORING CAROLINA CAROLIN	7	P/J		<u> 137</u>
		Signature of Cer	tifying Official	Cer	rtificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 07/14/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: AG002703 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.08	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

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

### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 659
Test Date: 07/14/2010 Test Time: 1:56pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
$\mathtt{BT}$	Pass	1:57pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:58pm 1:58pm

Preventive Maintenance Status: Pass

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

Department of Health and Human Service Rev. 12/2007

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

County 6	1./kes Instrument Location Non the Wilkeshore			
Instrument Ser	rial No. <u>008862</u>			
The preventive four months are	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 wer	n the			
THE STATE OF WAY 20. 1775  AREA 12. 175  ARE	CAROLLA SALVER S			

### WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Date: 07/14/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:31pm
AIR BLK	.00	2:31pm
ACCY CHK	.08	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

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

**Department of Health and Human Services** 

Rev. 12/2007

#### WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Record Number: 185
Test Date: 07/14/2010 Test Time: 2:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:39pm 2:39pm
FC	Pass	2:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

_	<b></b> . ,	
	CRC Tests	
PRNT	Pass	2:40pm
Test	Status	Time

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst

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

County_	NEW HANDUES Instrument Location 13AT 111 B.LE land
Instrume	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify t procedure Departme	nat on the
GREAT CALE	10 1 10 1 10 1 10 10 10 10 10 10 10 10 1
	Signature of Certifying Official Certificate Number

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008600 Test Record Number: 639 Test Date: 07/25/2010 Test Time: 1:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:09am
FLO	Pass	1:09am
FC	Pass	1:09am

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:09am
SRC	Pass	1:09am
DET	Pass	1:09am
BAR	Pass	1:09am
BT	Pass	1:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	1:09am

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:10am

Preventive Maintenance Status: Pass

Pass

1:10am

Analyst

CAL

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008600 Test Date: 07/25/2010

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: 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	1:00am 1:01am 1:01am 1:02am 1:04am 1:05am
AIR BLK	.00	1:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County_	NEW HONORE Instrument Location BAT / HUBILE Const
Instrume	t Serial No. ((8698)   16,1 min 670.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
THE GREAT SEA	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008698 Test Record Number: 524
Test Date: 07/25/2010 Test Time: 12:19am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:20am

#### Printer Tests

Status

Time

12:20am

Test

CAL

PRNT	Pass	12:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:20am

Preventive Maintenance Status: Pass

Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008698 Test Date: 07/25/2010

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: 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	12:06am 12:07am 12:08am 12:08am 12:09am 12:10am 12:12am
AIR BLK	.00	12:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

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Rev. 12/2007

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

County $\mathcal{A}$	few HANOVER	Instrument Location Bat /	noble In THE
Instrument Se	rial No. <u>00 8788</u>	Wilm	0 12670 2
The preventive four months a	e maintenance procedures for the Interection	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic bre ree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expirationed every four months or after 125 A	
I certify that of procedures we Department of	on the 25 day of 12 ere performed on the instrument indic f Health and Human Services, and the	the formation and the formatio	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	NORTH CAROLINA		
William Commission	- Steal	6. Moyal	Certificate Number
	Signat	ure of Certifying Official	Cerificate Number

#### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008788 Test Record Number: 425 Test Date: 07/25/2010 Test Time: 12:14am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:16am

#### Printer Tests

Status

Test

CAL

PRNT	Pass	12:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:16am

Time

12:16am

Preventive Maintenance Status: Pass

Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008788 Test Date: 07/25/2010

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:01am 12:02am 12:02am
AIR BLK	.00	12:03am
SUB TEST	.00	12:05am
AIR BLK	.00	12:05am
SUB TEST	.00	12:08am
ATR BLK	. 00	12:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

6.1115/a

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

County	MDERIAND Instrument Location FOPE AFB	
Instrument Seria	INO. 008657 SECURITY FORCES	
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 should be degrees, plus or minus .2 degree centigrade;	)WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ts,
l certify that on to procedures were Department of H	the	ice
A SAE GITAM MENTAL OF VIEW AND WASHINGTON AND WASHI	Signature of Certifying Official Certificate Number	_

### POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

Serial Number: 008657 Test Record Number: 935
Test Date: 07/16/2010 Test Time: 3:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:56pm
SRC	Pass	3:56pm
DET	Pass	3:56pm
BAR	Pass	3:56pm
BT	Pass	3:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:57pm

Preventive Maintenance Status: Pass

Pass

CAL

3:57pm

**Analyst** 

POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

> Serial Number: 008657 Test Date: 07/16/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	3:48pm
AIR BLK	.00	3:49pm
ACCY CHK	.07	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
ATR BLK	.00	3:54pm

.00 g/210L eported 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

Analyst

Rev. 12/2007

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

County_	ORANGE	Inst	trument Locati	on_CHAPE	L thill ?	7.0
Instrume	ent Serial No	838	MARTIN		KING TR.	
			<del></del>	CHAPEL	thill, A	<u> </u>
	ventive maintenance procedures for the onths are:	e Intoxime	eters, Model In	tox EC/IR II to	be followed at lea	ist once every
1.	. Verify the ethanol gas canist 34 degrees, plus or minus .2	er display degree ce	s pressure, or t ntigrade;	he alcoholic bre	eath simulator the	rmometer show
2.	. Verify instrument displays ti	me and d	ate;			
3.	. Initiate breath test sequence;					
4.	Enter information as prompt	ed;				
5	Verify instrument accuracy;					
6	6. When "PLEASE BLOW" a	ppears, co	ellect breath sa	mple;		
7	7. When "PLEASE BLOW" a	ppears, co	ollect breath sa	mple;		
8	Print test record;					
9	•					
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is hanged ev	being changed very four mont	before expiration before expiration has or after 125 and 125 a	on date, or the ald Alcoholic Breath	oholic breath Simulator tests,
procedu	y that on the day of ures were performed on the instrument ment of Health and Human Services, an	indicated	above, in acco	rdance with cut	rent regulations of	ive maintenance of the N.C.
THE GREAT SEA	IN STATE OF NO PLANTS OF THE PARTY OF THE PA					
\$ 15 A 15	SEE QUAM VIDEN X	18	Davis		652	
	5	ignature	of Certifying C	Official	Certific	ate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 07/14/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: 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	11:02am 11:03am 11:04am 11:05am 11:05am 11:06am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 528
Test Date: 07/14/2010 Test Time: 11:10am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:11am

CAL

form is used when performing Preventive Maintenance

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

County <u>A</u>	Instrument Location CHAPEC HIN P.D.
Instrument Serial	INO. 008856 806 MARTH LUTHER KING JR. BIND
	CMAPEL Hill, W.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 to procedures were Department of H	the
OF 12. THE STATE OF A	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 07/14/2010

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 531 Test Date: 07/14/2010 Test Time: 11:08am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:09am 11:09am
		11:09am
FC	Pass	II:U9am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:09am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 👫	ANDREE Instrument Location BURLINGEN (I.D.
Instrument S	com and I have set 2 and No.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
THE STATE OF THE S	To the control of the

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 07/13/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:16am 11:17am 11:17am
AIR BLK SUB TEST	.00 . <b>00</b>	11:18am 11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:22am
ATR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 312
Test Date: 07/13/2010 Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	rime
AIR	Pass	11:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25am 11:25am

Preventive Maintenance Status: Pass

Analyst

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

County	AUTHANCE	_ Instrument Location <u> </u>	1 M 11 1
Instrumen	t Serial No. 00 8812	267 W. FROM	TST. BURLINGERY WIC
The preve	ntive maintenance procedures for the	Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic blegree centigrade;	preath 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 cha whichever occurs first.	nister is being changed before expirations anged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	at on the day of s were performed on the instrument in at of Health and Human Services, and	dicated above, in accordance with cu	irrent regulations of the N.C.
CONTRACTOR ONE AT THE CONTRACTOR OF THE CONTRACT	ATE OF NORTH		4
All All All		mature of Certifying Official	Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 07/13/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	10:54am 10:55am 10:56am 10:57am
SUB TEST AIR BLK	.00 .00	<b>10:57am</b> 10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 625 Test Date: 07/13/2010 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08am

Preventive Maintenance Status: Pass

Pass

11:08am

CAL

Analyst

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

County	Marin	Instrument Location <u>Mag</u>	isia co. 5.0.
Instrument Seri	al No	305 E. Main 55.	Jillianston M.L.
The preventive four months are		Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<del>1</del> ;	
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.			ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	e performed on the instrument in	dicated above, in accordance with the instrument is functioning prop	
OF THE STATE OF THE OFFICE OF THE OFFI	WOOD HE CAROLINA	ed March -	647
	Sign	nature of Certifying Official	Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 07/13/2010

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: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	11:56am 11:57am
ACCY CHK	.08	11:58am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:02pm

Reported AC: 900 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

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 309 Test Date: 07/13/2010 Test Time: 12:04pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	Instrument Location MARIN 12. 5.0.
Instrument Ser	ial No. 008879 305 E. MAIN 4. William Front N. (
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF TH	Fineld Kuse (31)

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

Signature of Certifying Official

Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 07/13/2010

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: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	11:34am 11:35am
ACCY CHK	.08	11:35am 11:36am
SUB TEST	.00	11:30am
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

Analyst Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 188
Test Date: 07/13/2010 Test Time: 11:41am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:42am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:42am 11:42am 11:42am 11:42am 11:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

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

CAL Pass 11:42am

Preventive Maintenance Status: Pass

Analyst

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

County	10466 Instrument Location BA	T 11108.16 14-, T =5	
Instrument	t Serial No. Oo8600 + HOL	T 1110 B.Le 14-, T TS	
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR I	If to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholi- 34 degrees, plus or minus .2 degree centigrade;	c 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 experimental simulator solution is being changed every four months or after 1 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,	
procedures	nat on theday of, 20/c, 20/c	the forgoing preventive maintenance current regulations of the N.C. perly.	
SE S	Signature of Certifying Official	Certificate Number	

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 635 Test Date: 07/16/2010 Test Time: 10:39pm EDT

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

Status

Time

PRNT	Pass	10:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40pm 10:40pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 07/16/2010

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

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:30pm 10:31pm 10:31pm 10:32pm 10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WAKE Instrume	ent Location 5 M	OB, LE COUT
Instrument Se	Serial No. <u>COSGS</u>	Holly	SPRINGS
The preventive four months a	tive maintenance procedures for the Intoximeters, s are:	Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigra		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 simulator solution is being changed every f whichever occurs first.	changed before expiration of our months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that of procedures we Department of	were performed on the instrument indicated above of Health and Human Services, and the instrument	, 20 <u>/0</u> the forge, in accordance with current nt is functioning properly.	going preventive maintenance t regulations of the N.C.
CHE CIAMVI	Signature of Cer	1/1000	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Test Record Number: 520 Serial Number: 008698 Test Time: 10:38pm EDT Test Date: 07/16/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:38pm
SRC	Pass	10:38pm
DET	Pass	10:38pm
BAR	Pass	10:38pm
BT	Pass	10:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:39pm 10:39pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 07/16/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:29pm 10:30pm 10:30pm
AIR BLK	.00	10:31pm 10:32pm
SUB TEST AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	INTOXINETERS, MODEL INTOXILOR	
County <u>Gro</u>	Instrument Location BAT Mobile Unit 4	
Instrument Seria	ial No. <u>(20887)</u>	
The preventive (	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 should be degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ts,
procedures wer	the day of, 20 \to the forgoing preventive maintenar reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	ıce
THE STATE OF THE S	Signature of Certifying Official  Certificate Number	

#### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871 Test Record Number: 278
Test Date: 07/16/2010 Test Time: 9:28pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:29pm

CAL

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871 Test Date: 07/16/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:18pm
AIR BLK	.00	9:19pm
ACCY CHK	.08	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

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

Analyst

Rev. 12/2007

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

County	RANKLIN	Instrument Location FRANK	LIN CO. JAIL
Instrument Ser	rial No. <u>008942</u>	285 TKEMPRD.	LOUISBURG, NC
The preventive four months ar		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that of procedures we Department of	n the	dicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
OF THE STATE OF THE ORE THE TOTAL THE ORE THE THE THE THE THE THE THE THE THE TH	GAROUNA TO	nature of Certifying Official	

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 07/14/2010

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
10/01/2009-10/01/2011

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

Lot Number: 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 .00	10:24am 10:25am 10:25am 10:26am 10:27am 10:28am 10:30am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 268
Test Date: 07/14/2010 Test Time: 10:33am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:34am 10:34am 10:34am 10:34am
$\mathtt{BT}$	Pass	10:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34am

#### Printer Tests

Test

Status

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

Time

Preventive Maintenance Status: Pass

Analyst

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

<del></del>	RANKLIN	Instrument Lo	cation FRAI	NKLIN-	
Instrument Seri	al No. <u>008933</u>	285 T	KEMP	RD	Louisburg, NC
The preventive four months are	maintenance procedures for the I	ntoximeters, Mode	el Intox EC/IR II	to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alcoholic	breath sim	ulator 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" app	ears, collect breath	sample;		
7.	When "PLEASE BLOW" app	ears, collect breath	ı sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	đ			
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.				
I certify that on procedures were Department of I	theday of e performed on the instrument ind Health and Human Services, and t	licated above, in a the instrument is f	, 20 <u>/</u> th ccordance with c unctioning prope	ne forgoing urrent reg rly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE S	Sign	Arab //	Smeth g Official		637 Certificate Number

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

County	FRANKLIN	Instrument Location FRAN	KLINTON PD
Instrument	Serial No. 008815	#7 W. MASON ST.	FRANKLINTON, NC
The preven		e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, 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.	unister is being changed before expirate nanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	were performed on the instrument ir	ndicated above, in accordance with curd the instrument is functioning properly	rrent regulations of the N.C.
STATE OF THE CONTROL		ua d Smith	637
	Sig	gnature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 07/14/2010

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	10:19am
AIR BLK	.00	10:20am
ACCY CHK	.08	10:20am 10:21am
SUB TEST	.00	10:21am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
ATR BLK	. 0.0	10:26am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 370 Test Date: 07/14/2010 Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:27am 10:27am
FC	Pass	10:28am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:28am 10:28am 10:28am 10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	10·28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

Analyst

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 07/14/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D Permit Number: 08937E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:23am
AIR BLK	.00	9:24am
ACCY CHK	.08	9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:30am
AIR BLK	.00	9:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sue D Smith

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 386
Test Date: 07/14/2010 Test Time: 9:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:34am 9:34am
FC	Pass	9:34am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:34am
SRC	Pass	9:34am
DET	Pass	9:34am
BAR	Pass	9:34am
BT	Pass	9:34am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35am
	CRC Tests	
Test	Status	Time

COMP Pass 9:35am CAL Pass 9:35am

Preventive Maintenance Status: Pass

Analyst

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

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

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

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919 Test Date: 07/06/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:19pm 2:20pm
ACCY CHK AIR BLK	.08 .00	2:20pm 2:21pm
SUB TEST	.00	2:22pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

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

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919

Test Record Number: 157

Test Date: 07/06/2010

Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	Dorbans	Instrument Location	m Co. JAIL	
Instrument	Serial No. 008691	207 S. MANGUM	St. Duethary	
The preven	ntive maintenance procedures for the	ne Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every	
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows	
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as promp	ted;	•	
5.	Verify instrument accuracy	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration de changed every four months or after 125 Alco	ate, or the alcoholic breath bholic Breath Simulator tests,	
I certify the procedures Departmen	were performed on the instrument	t indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.	
CO SE	CAROLINA AM YORK	Signature of Certifying Official	Certificate Number	

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 07/09/2010

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 765
Test Date: 07/09/2010 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	<b>1</b> 1:22am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

11:23am

Preventive Maintenance Status: Pass

Pass

CAL

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

County	Dienan Instrument Location Duran Co. JAIL
Instrumen	t Serial No. 008878 217 S. MANGUM ST. DURMAM, N.C.
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.
	at on the
CREAT SOLVER CREAT	CAROLLI CONTROLLI CONTROLL

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 07/09/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:07am 11:08am 11:09am 11:10am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/2<del>10</del>⊾

Signature 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

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 972 Test Date: 07/09/2010 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Status Time

#### Printer Tests

Test

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

Preventive Maintenance Status: Pass

Apalyst Desize

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

County De	Instrument Location Detiam Co. JAIL
Instrument Seri	al No. 008859 217 S. MANKUM ST. DRHAM, 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.
	the day of 3010 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 THE STATE	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 07/09/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 601 Test Date: 07/09/2010 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	11:16am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	JAKE	_ Instrume	nt Location	CAR	24 P.	D	_
Instrument So	erial No. <u>008587</u>	120	WILKIN	501	AVE.	CARY,	۳, ۲
The preventive four months a	we maintenance procedures for the are:	Intoximeters,	Model Intox EC	/IR II to b	e followed a	it least once every	_
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			holic brea	th simulator	thermometer sho	ws
2.	Verify instrument displays tin	ne and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted	i;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" app	ears, collect b	oreath sample;				
7.	When "PLEASE BLOW" app	ears, collect b	oreath sample;				
8.	Print test record;						
9.	Verify Diagnostic Program; an	nd					
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.						ş,
procedures we	on the day of ere performed on the instrument in f Health and Human Services, and	dicated above	, in accordance v	with curre		entive maintenanc ns of the N.C.	e
THE STATE OF THE S	WA	nature of Cert	Art ifying Official			S A ficate Number	

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 07/12/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:15pm 1:16pm
ACCY CHK	.00	1:16pm 1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Augiys

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 1130 Test Date: 07/12/2010 Test Time: 1:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:25pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	1.25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:26pm 1:26pm

Preventive Maintenance Status: Pass

Analyst

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

County	P.H Instrument Location 5HP BAT Mobile
Instrument	Serial No. 008851
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on theday of, 20/0 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official  Certificate Number

#### PITT COUNTY SHP BAT MOBILE UNIT 730

Serial Number: 008851 Test Date: 07/09/2010

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

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

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

Analyst's Name: 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: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	6:15pm 6:16pm
ACCY CHK	.08	6:16pm
AIR BLK	.00	6:17pm
SUB TEST	.00	6:18pm
AIR BLK	.00	6:19pm
SUB TEST	.00	6:20pm
AIR BLK	.00	6:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

() Analyst

#### PITT COUNTY SHP BAT MOBILE UNIT 730

Serial Number: 008851 Test Record Number: 319
Test Date: 07/09/2010 Test Time: 6:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:23pm
SRC	Pass	6:23pm
DET	Pass	6:23pm
BAR	Pass	6:23pm
BT	Pass	6:23pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:23pm

#### Printer Tests

Test

Status Time

PRNT	Pass	6:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:24pm
CAL	Pass	6:24pm

Preventive Maintenance Status: Pass

<sup>(</sup>Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (ho	uan Instrument Location Chousen Co. Rublic Safety
Instrument Seria	INO. OD8895 305 W. Freemason St, Edenton, No
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of
CALL STATE OF N. TO S	Signature of Certifying Official Certificate Number

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/08/2010

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:29am 10:30am 10:31am 10:32am 10:34am 10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

Court CVR

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 272
Test Date: 07/08/2010 Test Time: 10:38am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

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

COMP	Pass	10:40am
CAL	Pass	10:40am

Preventive Maintenance Status: Pass

Analyst

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

County <u>Was</u> i	Instrument Location BAT Mobile Unit 4
Instrument Seria	al No
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
O'ME STATE OF THE	Signature of Certifying Official Certificate Number

#### WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008871 Test Record Number: 272
Test Date: 07/09/2010 Test Time: 8:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:01pm
FLO	Pass	8:01pm
FC	Pass	8:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:01pm
SRC	Pass	8:01pm
DET	Pass	8:01pm
BAR	Pass	8:01pm
BT	Pass	8:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:02pm 8:02pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008871 Test Date: 07/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T

Driver's License Number: NONE

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:53pm
AIR BLK	.00	7:54pm
ACCY CHK	.07	7:55pm
AIR BLK	.00	7:56pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm
SUB TEST	.00	7:59pm
ATR BIK	. 0.0	8:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

1

County	LAMANCE Instrument Location ALAMANCE CO. JA
Instrument Seri	al No. 008853 109 S. MAPLE ST. GRAHAM, 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
THE STATE OF A STATE O	Signature of Certifying Official  Certificate Number
	Signature of Certifying Official Certificate Number

### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 07/08/2010

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: 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: AG901901 Exp Date: 01/19/2011

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

.00 g/21**g**L Reported AC:

Court CVR

### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 527
Test Date: 07/08/2010 Test Time: 4:44pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:45pm 4:45pm
FC	Pass	4:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:46pm 4:46pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County AL	AMANCE Instrument Location ALAMANCE CO. JAIL
Instrument Seria	INO. 008913 JOG S. MAPLE ST. GRAHAM, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the OS day of ULT, 20 / O the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF AN AND STATE OF AND STATE OF AN A	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/08/2010

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: SMITH, BRIAN D Permit Number: 08937E Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.07	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:42pm
AIR BLK	.00	4:42pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 799
Test Date: 07/08/2010 Test Time: 4:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:43pm
FLO	Pass	4:43pm
FC	Pass	4:44pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:44pm
SRC	Pass	4:44pm
DET	Pass	4:44pm
BAR	Pass	4:44pm
BT	Pass	4:44pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:44pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	4:44pm
CAL	Pass	4:44pm

Preventive Maintenance Status: Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RA	Ndelph Instrument Location ARChd	ale Police
Instrument Seria	1 No. 008791 Depart	rent
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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
I certify that on procedures were Department of H	the	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

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

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 07/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

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

### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 392
Test Date: 07/07/2010 Test Time: 3:03pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst Lean

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 07/07/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:37pm 1:38pm
ACCY CHK AIR BLK	.08 .00	1:38pm 1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST AIR BLK	.00 .00	1:42pm 1:43pm
HTY DIV	.00	T. # 2 Dill

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 620 Test Date: 07/07/2010 Test Time: 1:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:45pm 1:45pm
FC	Pass	1:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass	1:45pm
BT	Pass	1:45pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

### Printer Tests

mi mo

1:46pm

rest	Status	Time
PRNT	Pass	1:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:46pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Kill Will Wills P.D.
Instrument	Serial No. 006844 103 fown Hall Day Kill Olil Hill
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the day of day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STAN	The or North Land (647)

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

Signature of Certifying Official

Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 07/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

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

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 632
Test Date: 07/07/2010 Test Time: 12:19pm EDT

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	Pass	12:20pm
SRC	Pass	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 CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

Analyst

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County V	Instrument Location Dir Co. Durmhin UM W
Instrument Se	erial No008588 134 Sutentia Deg Occaville N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE  THE STATE	Signature of Certifying Official Certificate Number

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008588 Test Date: 07/01/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:46pm 12:46pm 12:47pm 12:48pm 12:48pm 12:49pm 12:51pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jines Keese\_\_\_\_\_

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008588 Test Record Number: 454
Test Date: 07/01/2010 Test Time: 12:42pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:44pm 12:44pm

Preventive Maintenance Status: Pass

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	GRANULIE	Instrument Location_	OXFERD	_P.D
Instrument S	Serial No. <u>008933</u>	- 204 E. W	ICLANAMA	N ST. CAR
The prevent four months	ive maintenance procedures for are:	the Intoximeters, Model Intox	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the a .2 degree centigrade;	lcoholic breath simulat	or thermometer shows
2.	Verify instrument displays	s time and date;		
3.	Initiate breath test sequence	ce;		
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.	canister is being changed before changed every four months or	ore expiration date, or the after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
I certify that procedures Department	t on the day of were performed on the instrumer of Health and Human Services,	nt indicated above, in accordan and the instrument is functioni	ce with current regulati	eventive maintenance ions of the N.C.
THE STATE OF THE S	CAROLINA	L) Chur		452
		Signature of Certifying Officia		rtificate Number

### GRANVILLE COUNTY OXFORD PD 380

Test Record Number: 270 Serial Number: 008923 Test Time: 10:59am EDT Test Date: 07/07/2010

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:00am 11:00am

Preventive Maintenance Status: Pass

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 07/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:49am 10:50am 10:51am
AIR BLK SUB TEST	.00 .00	10:51am 10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

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

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 07/07/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:04am 10:05am 10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:11am
AIR BLK	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Amalyst

### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 533
Test Date: 07/07/2010 Test Time: 10:13am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:14am 10:14am
FC	Pass	10:14am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
BT	Pass	10:14am

### Blank Tests

Test	Status	Time
AIR	Pass	10:15am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time

TCDC	Beacas	110
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance Status: Pass

analyst

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 06/30/2010

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:42pm 12:43pm 12:43pm 12:44pm 12:45pm 12:46pm
SUB TEST	.00	12:47pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Court CVR

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	HUSTEN	Instrument Location_	BAT	MUBILE	point #5
Instrument Seria	al No. <u>008600</u>		CLAY	Te,U	
The preventive i	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to	be followed at	least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic br	eath simulator	thermometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sample	e;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	I			
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 expirati or after 125	on date, or the Alcoholic Brea	alcoholic breath th Simulator tests,
I certify that on procedures were Department of I	theday of e performed on the instrument indi Health and Human Services, and the	cated above, in accordance instrument is function	the nce with curing properly	forgoing preve trent regulation y.	entive maintenance s of the N.C.
CORE STATE OF WALLS TO STATE OF STATE O	Signal Signal	ature of Certifying Offic	The H		55 Sificate Number

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

### JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008600 Test Record Number: 630 Test Date: 07/02/2010 Test Time: 11:21pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:22pm
FLO	Pass	11:22pm
FC	Pass	11:22pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

#### Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

#### JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008600 Test Date: 07/02/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DEPARTMENT OF HEALTH AND HUMAN SERVICES

# FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	JOHNSTON	Instrument Location_	TSAT	INOB,LE	Const
Instrument	Serial No. <u>CO8698</u>		CLA	,700	
The preven four month	tive maintenance procedures for the s are:	Intoximeters, Model Intox	EC/IR II to 1	be followed at lea	st once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		Ilcoholic bre	ath simulator ther	mometer shows
2.	Verify instrument displays tir	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	<b>)</b> ;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample	3,		
8.	Print test record;				
9.	Verify Diagnostic Program; a	and			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor nanged every four months of	ore expiratio r after 125 A	n date, or the alco lcoholic Breath S	oholic breath Simulator tests,
procedures	were performed on the instrument into the day of the alth and Human Services, and	ndicate∕d above, in accordan	ice with curr	ent regulations of	e maintenance the N.C.
STATE OF STA		gnature of Certifying Offici	In ?	1 101	<u> </u>

### JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008698 Test Record Number: 513 Test Date: 07/02/2010 Test Time: 11:14pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16pm 11:16pm

Preventive Maintenance Status: Pass

Analyst

### JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008698 Test Date: 07/02/2010

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

# DEPARTMEN' OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County	Instrument Location BAT INDB. 12 Low, T
Instrument	Serial No. OCE 788 CLAY TON
The preven four month	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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures Department	t on the
THE STA	Signature of Certifying Official Certificate Number

### JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008788 Test Record Number: 418 Test Date: 07/02/2010 Test Time: 11:13pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:14pm 11:14pm 11:14pm 11:14pm
BT	Pass	11:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

### Printer Tests

Test

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

Status

Time

11:15pm

Preventive Maintenance Status: Pass

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008788 Test Date: 07/02/2010

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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:04pm 11:05pm 11:06pm 11:06pm 11:08pm 11:09pm
SUB TEST	.00	11:11pm
AIR BLK	.00	11:12pm
*****		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DE	Instrument Location Rocky Mount PD
Instrument Seria	INO. 008740 # 1 GOVERNMENT PLAZA ROCKYMOUNT, 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.
procedures were	the OR day of JULY , 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 STATE OF ME ST	Signature of Certifying Official  Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/02/2010

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: 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	Pass	5:10pm
AIR BLK	.00	5:11pm
ACCY CHK	.08	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:15pm
ATR BLK	. 00	5:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 07/02/2010

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: 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	Pass	5:10pm
AIR BLK	.00	5:11pm
ACCY CHK	.08	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

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Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NC

County	NASH Instrument Location ROCKY MULLIFT PO
Instrument Se	MASH Instrument Location ROCKY MULLIT PO erial No. 008741 #1 COVERNMENT PLATA ROCKY MOUNT
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
CREAT OF THE CONTROL	

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 07/02/2010

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: 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	Pass	5:04pm
AIR BLK	.00	5:05pm
ACCY CHK	.08	5:06pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:08pm
AIR BLK	.00	5:09pm
SUB TEST	.00	5:11pm
ATR BLK	. 00	5:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 564 Test Date: 07/02/2010 Test Time: 5:15pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:15pm
FLO	Pass	5:15pm
FC	Pass	5:15pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:16pm
	CDC Tocto	

#### CRC Tests

Test	Status	Time
COMP	Pass	5:16pm
CAL	Pass	5:16pm

Preventive Maintenance Status: Pass

Analyst

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

County	NASH Instrument Location NASH Co. JAIL
Instrumen	t Serial No. 008630 NASHVILLE, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Department	at on the day of, 20
SECTION OF	ATE OF LOS 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

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 07/02/2010

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: 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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	10:17am 10:18am
ACCY CHK	.08	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:20am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
ATR BLK	.00	10:23am

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 1657
Test Date: 07/02/2010 Test Time: 10:24am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:25am

### Printer Tests

Status

Test

CAL

PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:25am

Time

10:25am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	KOWAN	Instrument Location	BAT MO	BILE ONIT 3
Instrument Serial	1 No. <u>008707</u>		SALISBU	BILE ONITS
The preventive m four months are:	naintenance procedures for the Into	eximeters, Model Intox E	C/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	splays pressure, or the ald ee centigrade;	coholic breath simul	ator thermometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed befor ed every four months or a	e expiration date, or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
I certify that on the procedures were Department of He	he <u>3</u> day of <u>Jo</u> performed on the instrument indica ealth and Human Services, and the	ated above, in accordance instrument is functioning	the forgoing pe with current regular properly.	preventive maintenance ations of the N.C.
STATE OF THE STATE		Rey Ben- ure of Certifying Official		Certificate Number

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008707 Test Date: 07/03/2010

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: 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 SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	2:17pm 2:18pm 2:18pm 2:19pm 2:19pm 2:20pm 2:22pm 2:23pm
	the state of the s	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Oleun Ray Bans

### ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008707 Test Date: 07/03/2010 Test Record Number: 589
Test Time: 2:23pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	ROWAN	Instrument Location_	BAT MO	BILE UNIT 3
Instrument Seria	al No. <u>008647</u>		SALIS BU	BILE UNIT 3 Ry, NC
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox I	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the a	lcoholic breath simu	lator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample	;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed befo ged every four months or	re expiration date, o after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that on procedures were Department of H	the <u>J</u> day of <u>J</u> e performed on the instrument indi- Health and Human Services, and the	cated above, in accordance instrument is functioning	the forgoing the with current regular properly.	preventive maintenance lations of the N.C.
THE STATE OF A STATE O	Aluma Signa	Lay Ba		648 Certificate Number

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647 Test Date: 07/03/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	2:06pm
AIR BLK	.00	2:07pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alum Ray Banes
Analyst

### ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647 Test Date: 07/03/2010 Test Record Number: 811 Test Time: 2:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:17pm 2:17pm
FC	Pass	2:17pm

### Temperature Tests

Status	Time
Pass	2:17pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
ATR	Pass	2:17pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	2:18pm 2:18pm

Preventive Maintenance Status: Pass

Amalyst

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

	INTOXIMETERS, MODEL INTORICE ONIT 3
County	DAVIDSON Instrument Location 13A / 12.1010123
	DAVIDSON Instrument Location BAT MOBILE UNIT 3  t 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.	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departn	that on the
CREAT SE	STATE ON NORTH
The state of the s	Signature of Certifying Official  Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Date: 07/02/2010

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:15pm 10:16pm 10:17pm 10:18pm 10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
ATR BLK	.00	10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Record Number: 878
Test Date: 07/02/2010 Test Time: 10:22pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
FC	Pass	10:23pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:24pm

Preventive Maintenance Status: Pass

alun Ray Bands
Analyst

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

County Herd	Corson Instrument Location BAT Mobile Unit 4
Instrument Seria	al No. <u>CC 8734</u>
The preventive to	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>SviO</u> day of <u>100</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
SEE COLON WIDE STATE OF THE STA	Signature of Certifying Official Certificate Number

### HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008734 Test Record Number: 359
Test Date: 07/02/2010 Test Time: 9:47pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:47pm
FLO	Pass	9:47pm
FC	Pass	9:47pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	•

Test	Status	Time
COMP	Pass	9:48pm
CAL	Pass	9:48pm

Preventive Maintenance Status: Pass

Analyst

HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008734 Test Date: 07/02/2010

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:43pm
ATR RIK	0.0	9 · 44 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst