PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument LocationOUSL	low lowny
Instrumen	t Serial No. <u>00 8932</u>	SHERIFF'S OFF	ce
The preve		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic br .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	_
4.	Enter information as prom	pted;	RECEIVED APR 1 6 2010 FTA BRANCH
5.	Verify instrument accurac	у;	APR 16 20
6.	When "PLEASE BLOW"	appears, collect breath sample;	FTA BD.
7.	When "PLEASE BLOW"	appears, collect breath sample;	MANCH
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 expirati changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	s were performed on the instrumer	the nt indicated above, in accordance with cur and the instrument is functioning properly	rrent regulations of the N.C.
S S S S S S S S S S S S S S S S S S S	ATE OF NO. 1775 NO. 1775 AROUND AN AVERAGE AND AVERAGE AVERAGE AND AVER	Pary E-Hold	354
		Signature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 03/23/2010

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: HALL, RANDY E
Permit Number: 03462E
Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:53am 11:53am 11:54am 11:55am 11:55am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 452 Test Date: 03/23/2010 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:00pm 12:00pm 12:00pm 12:00pm 12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County//	151-1	Instrument Location Rock / N	OUNT PA
Instrument Seria	al No. <u>008741</u>	Instrument Location ROCK I NO 41 GOVERNMENT PLAZA	ROCKY MOUNT, NC.
The preventive i		ximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath si ee centigrade;	mulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration dat ed every four months or after 125 Alcoho	
I certify that on procedures were Department of H	the	the forgointed above, in accordance with current reinstrument is functioning properly.	ng preventive maintenance egulations of the N.C.
SEE QUAM VIEW	Signatu	are of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 03/15/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D Permit Number: 08937E Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:55pm 3:56pm
ACCY CHK	.08	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:01pm
AIR BLK	.00	4:02pm

Reported AC:

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: 008741 Test Record Number: 463
Test Date: 03/15/2010 Test Time: 4:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:03pm
FLO	Pass	4:03pm
FC	Pass	4:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:03pm
SRC	Pass	4:03pm
DET	Pass	4:03pm
BAR	Pass	4:03pm
\mathtt{BT}	Pass	4:03pm

Blank Tests

Test	Status	Time
AIR	Pass	4:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	
Instrument Se	rial No. 008740 #1 COVERNMENT PLAZA ROCKUMOUNT, NO
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	n the
CREAT STATE OF THE	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 03/15/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:57pm 3:58pm
ACCY CHK	.08	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:03pm
ATR BLK	.00	4:04pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 256
Test Date: 03/15/2010 Test Time: 4:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
\mathtt{BT}	Pass	4:05pm

Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:06pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH Instrument Location NASH Co. JAIL
Instrument	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 hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	nat on the
SE S	

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: 03/15/2010

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	4:57pm
AIR BLK	.00	4:58pm
ACCY CHK	.08	4:59pm
AIR BLK	.00	5:00pm
SUB TEST	.00	5:01pm
AIR BLK	.00	5:02pm
SUB TEST	.00	5:03pm
ATR BLK	.00	5:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NASH COUNTY NASH COUNTY JAIL 630

Test Record Number: 1499 Serial Number: 008630 Test Date: 03/15/2010 Test Time: 5:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:06pm
FLO	Pass	5:06pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:07pm 5:07pm

Preventive Maintenance Status: Pass

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 03/31/2010

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 State: XX
Driver's License Number: NONE

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 352 Test Date: 03/31/2010 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	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ocking ham Instrument Location Eden F. Perial No. 008636 Depart M.	plice
Instrument S	erial No. <u>008636</u> <u>Depart M</u>	ent
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foare:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcohwhichever occurs first.	te, or the alcoholic breath nolic Breath Simulator tests,
- procedures v	on the 3/day of AZA, ,20/O the forgovere performed on the instrument indicated above, in accordance with current rof Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE SILVER CORE AT 12 STATE		/11 ¬
TESE QUAM	To Jour Han	Certificate Number
	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 03/31/2010

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:57pm 2:58pm 2:59pm 3:00pm 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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 03/31/2010 Test Record Number: 720

Test Time: 3:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:09pm
FLO	Pass	3:09pm
FC	Pass	3:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:10pm
	CDC Teata	

Test	Status	Time	
COMP	Pass	3:10pm	
CAL	Pass	3:10pm	

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County _	1 arteret Instrument Location BAT Mobile Unit C
Instrument S	Occasion Mills
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
ON STATE ON STATE ON TO THE STATE ON THE S	

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

Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 335 Test Date: 03/28/2010 Test Time: 12:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:04am
FLO	Pass	12:04am
FC	Pass	12:05am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:05am

Printer Tests

Test

CAL

PRNT	Pass	12:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:05am

Status Time

12:05am

Preventive Maintenance Status: Pass

Pass

J. C. Model

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 03/27/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test

	_	
DIAG	Pass	11:57pm
AIR BLK	.00	11:58pm
ACCY CHK	.08	11:58pm
AIR BLK	.00	11:59pm
SUB TEST	.00	12:00am

g/210L

Time

 SUB TEST .00
 12:00am

 AIR BLK .00
 12:00am

 SUB TEST .00
 12:02am

AIR BLK .00 12:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jr. Collecte
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008898 Test Record Number: 363
Test Date: 03/20/2010 Test Time: 9:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm
	CRC Tests	
Test	Status	Time

ICBC	bcacus	TIME
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance Status: Pass

Analyst

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008898 Test Date: 03/20/2010

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

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

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

-- /010T -----

Test	g/210L	Time
DIAG	Pass	9:10pm
AIR BLK ACCY CHK	.00 .07	9:11pm 9:11pm
AIR BLK	.00	9:12pm
SUB TEST	.00	9:13pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Co	instrument Location BAT Mobile Uni
Instrument Seri	al No. 008869 Morehead City
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 28 day of March, 200 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 A THE ST	Signature of Certifying Official Certificate Number

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 253 Test Date: 03/28/2010 Test Time: 12:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:15am 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

rest	Status	Time
AIR	Pass	12:16am

Printer Tests

Test	Status	Time
PRNT	Pass	12:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:16am 12:16am

Preventive Maintenance Status: Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 03/28/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	TAVEN Instrument Location 13 AT Mobile Uni
Instrument S	erial No. <u>868869</u> New BERN
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
ON PART OF THE STATE OF THE PART OF THE PA	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Record Number: 231
Test Date: 03/13/2010 Test Time: 6:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:34pm
FLO FC	Pass Pass	6:34pm 6:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:34pm
SRC	Pass	6:34pm
DET	Pass	6:34pm
BAR	Pass	6:34pm
BT	Pass	6:34pm

Blank Tests

Test	Status	Time
AIR	Pass	6:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:35pm

6:35pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CRÁVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 03/13/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	6:26pm 6:27pm 6:27pm 6:28pm 6:29pm
AIR BLK	.00	6:30pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	RAVEN Instrument Location BAT MOBILE Unitle
Instrument Ser	rial No. 008939 NOW BERN
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the 13 day of Marc 4, 20 to 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.
AMERICAN PROPERTY OF THE PROPE	CARD TO THE TOTAL THE TOTAL TO THE TOTAL TOT

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Record Number: 327 Test Date: 03/13/2010 Test Time: 6:22pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:23pm 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
ΔTR	Pass	6.23pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:24pm 6:24pm

Preventive Maintenance Status: Pass

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 03/13/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	6:13pm
AIR BLK	.00	6:14pm
ACCY CHK	.08	6:15pm
AIR BLK	.00	6:15pm
SUB TEST	.00	6:16pm
AIR BLK	.00	6:17pm
SUB TEST	.00	6:18pm
ATR RIK	. 00	6:19pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	1+	Instrument Location BAT	Mobile Unit
Instrument S	erial No. <u>008939</u>	Greenville	- A balan blattone Armera
The prevention four months	ve maintenance procedures for the Intoxare:	timeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		ath simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being changed before expiration is being changed by the being changed before expiration is being changed by the being changed before expiration is being changed by the being changed	n date, or the alcoholic breath alcoholic Breath Simulator tests,
procedures w	on the <u>D</u> day of <u>Marc</u> were performed on the instrument indicate of Health and Human Services, and the	ted above, in accordance with curr	Forgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE PARTY OF THE P	no fill	re of Certifying Official	Certificate Number

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939 Test Record Number: 332
Test Date: 03/26/2010 Test Time: 11:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:28pm 11:28pm
FC	Pass	11:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:28pm
SRC	Pass	11:28pm
DET	Pass	11:28pm
BAR	Pass	11:28pm
BT	Pass	11:28pm

Blank Tests

rest	Status	TIME
AIR	Pass	11:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29pm 11:29pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939 Test Date: 03/26/2010

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

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00,9/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	al No. 008869 Greenville
Instrument Seri	al No. 008869 Greenville
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 2 G day of March, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	K.C. Mode 601
	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008869 Test Record Number: 249
Test Date: 03/26/2010 Test Time: 11:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:47pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:48pm 11:48pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008869 Test Date: 03/26/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:31pm 11:32pm 11:32pm 11:33pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Afraiyst Afraiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Serial No. 608898
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 v	on theday of
TARK IS. IN. IN. IN. IN. IN. IN. IN. IN. IN. IN	g. (. propression
	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008898 Test Record Number: 361 Test Date: 03/19/2010 Test Time: 5:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:19pm 5:19pm
FC	Pass	5:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
\mathtt{BT}	Pass	5:19pm

Blank Tests

Test	Status	Time
ATR	Pass	5 · 1 9 m

Printer Tests

Test	Status	Time
PRNT	Pass	5:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:20pm 5:20pm

Preventive Maintenance Status: Pass

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008898 Test Date: 03/19/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:11pm 5:12pm
ACCY CHK	.07	5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:14pm
AIR BLK	.00	5:15pm
SUB TEST	.00	5:16pm
AIR BLK	.00	5:17pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

The Complete Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869 Test Record Number: 237 Test Date: 03/19/2010 Test Time: 5:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:28pm
FLO	Pass	5:28pm
FC	Pass	5:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:29pm
SRC	Pass	5:29pm
DET	Pass	5:29pm
BAR	Pass	5:29pm
\mathtt{BT}	Pass	5:29pm

Blank Tests

Test	Status	Time
ATR	Pass	5:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:29pm 5:29pm

Preventive Maintenance Status: Pass

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869 Test Date: 03/19/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	5:20pm 5:21pm 5:22pm 5:23pm 5:23pm
AIR BLK SUB TEST	.00	5:24pm 5:26pm
ATR BLK	.00	5:27pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

fr.C. flasher
Analyst

County 0	INTOXIMETERS, MODEL INTOX EC/IR II /um 6,5 Instrument Location BAT M. 6. /e Un. 1
	ial No. 008939 Whiteville PD
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
STATE OF THE STATE	NOOLIN CAROLIN

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939 Test Record Number: 330 Test Date: 03/19/2010 Test Time: 5:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	5:40pm
SRC	Pass	5:40pm
DET	Pass	5:40pm
BAR	Pass	5:40pm
BT	Pass	5:40pm

Blank Tests

Test	Status	Time
ATR	Pagg	5 · 4 Opm

Printer Tests

Test	Status	Time
PRNT	Pass	5:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:41pm 5:41pm

Preventive Maintenance Status: Pass

Analyst

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939 Test Date: 03/19/2010

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.08	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm

Reported AC: .00 g/210L

nature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u> <u>59</u>	mpson Instrument Location BAT Mobile Unit 4
Instrument Seria	ul No. <u>008869</u>
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 20 day of March, 20/0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF NO.	Signature of Certifying Official Certificate Number

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008869 Test Record Number: 242
Test Date: 03/20/2010 Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:42pm
SRC	Pass	9:42pm
DET	Pass	9:42pm
BAR	Pass	9:42pm
BT	Pass	9:42pm

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm
	CRC Tests	
Test	Status	Time

	TCBC	beacab	TIME
2.11 1.45b 3.15p.	COMP	Pass	9:43pm
	CAL	Pass	9:43pm

Preventive Maintenance Status: Pass

Analyst

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008869 Test Date: 03/20/2010

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

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

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

-- /OI OT

m

Test	g/210L	Time
DIAG	Pass	9:32pm
AIR BLK	.00	9:33pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

T. C. Maller
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County E.		Instrument Location PENDER	- County
Instrument Seria	INO8935	<u>Sherits</u>	Dept.
The preventive r four months are:	-	ntoximeters, Model Intox EC/IR II to be folk	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath sin gree centigrade;	nulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ster is being changed before expiration date, nged every four months or after 125 Alcohol	
	performed on the instrument ind	, 20 / 0 the forgoing icated above, in accordance with current reg the instrument is functioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF NO.	Sign	Many Kinga ature of Certifying Official	Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 03/11/2010

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

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

--

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

Test	g/210L	Time
DIAG	Pass	11:18am
AIR BLK	.00	11:19am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am 11:23am
SUB TEST ATR BLK	.00 .00	11:23am
WIL DIV	- U U	

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 246
Test Date: 03/11/2010 Test Time: 11:26arn EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:28am 11:28am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Swain	Instrument Location	Swain	Co. Jail
Instrumen	t Serial No. <u>008727</u>	Bryson	City,	NC
The preve	ntive maintenance procedures for the hs are:	Intoximeters, Model Intox E	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		lcoholic breath si	mulator 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	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	•	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
I certify the procedure. Department	nat on the day of s were performed on the instrument in nt of Health and Human Services, and	March, 20_ndicated above, in accordance I the instrument is functioning	/ O the forgoing with current responding properly.	ng preventive maintenance gulations of the N.C.
SO SE	CARE OF NO. 1775 NO. 1775 CAROLLE CARO	AR Cutt		635
	Sig	gnature of Certifying Officia	ıl	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 03/16/2010

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:59am 11:00am 11:00am 11:01am 11:02am 11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 408
Test Date: 03/16/2010 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

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

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	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:07am

11:07am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Swain Instrument Location Swain Co. Jail
Instrument	Serial No. 008723 Bryson City, NC
	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	at on the
ATZ	Elin R. Cith 655
	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 03/16/2010

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 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	10:58am 10:58am
ACCY CHK AIR BLK	.08	10:59am 11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
ATR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 196
Test Date: 03/16/2010 Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am 11:05am
FLO	Pass	II:UDam
FC	Pass	11:05am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06am

Pass

11:06am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fil	ANKUN Instrument Location FRANKLIN (O. TAIL
Instrument Seri	ial No. 008942 385 T KEMP RD LOUISBURG. 14
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
O'ME STATE OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OTH	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 03/31/2010

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:
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: 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	10:53am 10:54am 10:55am 10:56am 10:57am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 223
Test Date: 03/31/2010 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:02am 11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:03am

11:03am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	TRANSIN Instrument Location FRANKLIN CO TAIL
Instrume	nt Serial No. 008933 385 T KEMP PD LOUIS BURG. NC
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify to procedure Department	that on the
CHANGE OREAT STATES	Signature of Certificial Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 03/31/2010

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:
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: AG904903 Exp Date: 02/18/2011

10L Time
s 11:00am 11:01am 11:02am
11:03am
11:04am
11:05am
11:06am
11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 340 Test Date: 03/31/2010 Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
\mathtt{BT}	Pass	11:09am

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

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

11:10am

Preventive Maintenance Status: Pass

Pass

ÇAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TRANKIN Instrument Location TRANKLITEN PID
Instrument S	Serial No. OUS815 TW. MSW ST. TRANSCINEN,
The prevent four months	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.
	t on theday of
CALL STATE OF THE	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 03/31/2010

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:
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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:36am 11:37am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
ATR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 325 Test Date: 03/31/2010 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO FC	Pass	11:44am 11:44am
rC	Pass	TT:44aiii

Temperature Tests

Status	Time
Pass	11:44am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

Test

PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45am 11:45am

Status Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TREDELL	Instrument Location	BATMOBILE UNIT 3
Instrument S	erial No. <u>008616</u>		MOORESVILLE, NC
The prevention 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 o	er displays pressure, or the a degree centigrade;	lcoholic breath simulator thermometer show
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed befor anged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures we	on the <u>27</u> day of <u>Margine</u> ore performed on the instrument inc f Health and Human Services, and	dicated above, in accordance	the forgoing preventive maintenance e with current regulations of the N.C. g properly.
OF STATE OF	CO	Rg Bane	S 648
		nature of Certifying Official	

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 03/27/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616

Test Record Number: 785

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:25pm

Pass

11:25pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///	Thes Instrument Location North W. Theshow P.D.
Instrument Seria	al No. <u>008862</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.
procedures were	he
TASE QUAN WINDS	Signature of Certifying Official Certificate Number

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Date: 03/25/2010

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

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

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

lest	9/2101	TTIIIC
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

 $\alpha/210T$

Time

Reported AC: _, .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Record Number: 164
Test Date: 03/25/2010 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
ATR	Pass	1 • 20 mm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:20pm

CAL

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wi	Ike's Instrument Location Wilke's Co Count House
Instrument Seria	II No. <u>OO 8843</u>
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
OF MAY 20, 1775 NOT THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 03/25/2010

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:59am 11:59am 12:00pm 12:01pm 12:02pm 12:03pm 12:04pm
AIR BLK	.00	12:05pm

Reported AC: /00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 575 Test Date: 03/25/2010 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

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

Preventive Maintenance Status: Pass

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	Yadkin	Instrument Location (Ad)	Kinuille P.D.	
Instrumen	t Serial No. <u>008925</u>			
The preve		the Intoximeters, Model Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic s.2 degree centigrade;	breath simulator thermometer shows	
2.	Verify instrument display	rs time and date;		
3.	Initiate breath test sequen	ice;		
4.	Enter information as pror	npted;		
5.	Verify instrument accura-	cy;		
6.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Progra	m; and		
10.		s canister is being changed before expir g changed every four months or after 12		
procedures	s were performed on the instrume	Marz ch , 20 10 to the indicated above, in accordance with a and the instrument is functioning property.	current regulations of the N.C.	
THE GREAT CASE OF STATE OF STA	ATE OF NO PARTIES CAROLINA PARTIES OF THE CAROLINA PARTIES OF THE CAROLINA PARTIES OF THE PARTIE	Signature of Certifying Official	Cartificate Number	
	10 market 10 m	Signature of Certifying Official	Certificate Number	

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 03/24/2010

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

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

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

Analyst's Name: 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	2:38pm
AIR BLK	.00	2:39pm
ACCY CHK	.08	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

7.00 g/210L Reported AC:

ignaty/re of Chemical Analyst

Court CVR

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 166
Test Date: 03/24/2010 Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	2 · 4 6 m

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:47pm

Preventive Maintenance Status: Pass

Pass

2:47pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	Ashe Instrument Location Ashe Co Jail (NEW)		
Instrument Seria	al No. 008849 TEFFENSON, NC 28640		
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 10 day of 1916, 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.		
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.

DHHS 4080 (11/07)

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 03/10/2010

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: Unknown

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:44pm 4:45pm
ACCY CHK AIR BLK	.07 .00	4:46pm 4:47pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:51pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

/ / Analy

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 344 Test Date: 03/10/2010 Test Time: 4:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
BT	Pass	4:53pm

Blank Tests

Test	Status	Time
ATR	Pass	4:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:54pm 4:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilkes Instrument Location North Wilkesboro
Instrument	Serial No. <u>00863&</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the <u>/O</u> day of <u>MARCO</u> , 20/O 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.
S TANK OF THE COLUMN OF THE CO	

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008638 Test Date: 03/10/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:50am
ACCY CHK AIR BLK	.07	11:51am 11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

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: 008638 Test Record Number: 352 Test Date: 03/10/2010 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

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

D. 12/2007

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location YAJKINVILLE P.D.
Instrument	Serial No. <u>008828</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	t on the day of
THE STAR	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008828 Test Date: 03/09/2010

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: 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	Pass .00 .08	12:11pm 12:12pm 12:13pm
AIR BLK	.00	12:14pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm

00 /g/210LReported AC:

quature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008828 Test Record Number: 181 Test Date: 03/09/2010 Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12: 1 9pm
FC	Pass	12:19pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rockingham Instrument Location Rockingham Co. Jail
Instrumen	t Serial No. 008796 Wentwarth, NC
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 Say of MARCO, 2010 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
SELECTION OF SELEC	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 03/08/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK	.00	3:32pm
ACCY CHK	.07	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: ___.00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 496

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
${ t BT}$	Pass	3:39pm

Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

Printer Tests

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

3:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Guilford	Instrument Location GREE	nsbore Police
Instrument	t Serial No. <u>008725</u>	Departa	1en t
The prever		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canistom 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	ath 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; a	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures Departmen	at on theday ofday of were performed on the instrument in t of Health and Human Services, and	ARCH, 20 / O the formaticated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STAND SEET AND SEET AND SEET AND SEET AND SEED A		Sun Alon	642 Catificate Number
	/ Sig	nature of Certifying Official	Certificate Number

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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 03/11/2010

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

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

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

Analyst's Name: 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: AG920303 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
ATR BLK	. 00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 1168
Test Date: 03/11/2010 Test Time: 11:24am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:25am

Temperature Tests

Test	Status	Time
FC1	Pass	11:25am
SRC	Pass	11:25am
DET	Pass	11:25am
BAR	Pass	11:25am
\mathtt{BT}	Pass	11:25am

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location HIGH Point DAIL
Instrument Ser	ial No. <u>2087/8</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer-	the
STATE OF STA	See Dean Sean 642
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Date: 03/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG902001 Exp Date: 01/20/2011

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

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

Analyst

Rev. 12/2007

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Record Number: 216
Test Date: 03/11/2010 Test Time: 2:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	2:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	~~~ ~ .	

#### CRC Tests

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

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

County /	POWAN_	Instrument Location Set 1156	rury Pelice
Instrument Seri	ial No. <u>008868</u>	Departme,	/
The preventive four months are	-	ximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees	plays pressure, or the alcoholic breath ee centigrade;	simulator thermometer show
2.	Verify instrument displays time as	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration da d every four months or after 125 Alcol	
	theday ofA the performed on the instrument indica Health and Human Services, and the	, 20 // the forgotted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	# CAROLINA	re of Certifying Official	Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 03/11/2010

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

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

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

Analyst's Name: 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	Pass .00 .07	3:50pm 3:51pm 3:52pm 3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
ATR BLK	. 00	3:56pm

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

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 837 Test Date: 03/11/2010 Test Time: 3:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:59pm 3:59pm

Preventive Maintenance Status: Pass

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

County Gui	Hord Instrument Location High Point JAIL
Instrument Serial 1	vo. <u>0086-55</u>
The preventive ma	intenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3. I	nitiate breath test sequence;
4. ř	Enter information as prompted;
5. V	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7. V	When "PLEASE BLOW" appears, collect breath sample;
8. F	Print test record;
9. V	Verify Diagnostic Program; and
S	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath imulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of ARCA, 20 / the forgoing preventive maintenance erformed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
TO THE STATE OF MORE THAN 20, 1772 MORE THAN 20, 17	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 03/11/2010

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

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

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

Analyst's Name: 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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:27pm
ACCY CHK	.07	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:32pm

.00 g/210L Reported AC:

Court CVR

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 1264
Test Date: 03/11/2010 Test Time: 2:33pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

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

rest	Status	111116
COMP	Pass	2:34pm
CAL	Pass	2:34pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Instrument Location SALISBURY Pelice
Instrument Seria	Instrument Location <u>SALISBURY Pelice</u> al No. 008835  Department
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.
	the
CREATE OF NO. 20 STATE OF NO.	Strong Lean 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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 03/11/2010

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

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

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

Analyst's Name: 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	Pass	4:18pm
AIR BLK ACCY CHK	.00 .07	4:19pm 4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:24pm
ATR BLK	. 00	4:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 466
Test Date: 03/11/2010 Test Time: 4:26pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:27pm
CAL	Pass	4:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_R	ANdolph Instrument Location ARChdale Police.
Instrument Seria	al No. 00979/ Department Location ARChdale Police.
The preventive a	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 23 day of 14RCM, 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF AN ACTION OF THE STATE OF AN ACTION OF THE STATE OF AN ACTION OF THE STATE OF THE S	L-Lavin Dow 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

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 03/23/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:31pm 12:31pm 12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY ARCHDALE PD 750

Test Record Number: 363 Serial Number: 008791 Test Date: 03/23/2010 Test Time: 12:37pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

SRC Pass 12:38pm DET Pass 12:38pm	Test	Status	Time
DI Fass 12.50pm	SRC DET BAR	Pass Pass Pass	12:38pm 12:38pm 12:38pm 12:38pm
		2 0.00	

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

# Printer Tests

PRNT	Pass	12:39pm
Test	Status	Time

#### CRC Tests

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

7	INTOXIMETERS, MODEL INTOX EC/IR II
County_/	OWAN Instrument Location SAlisbury Police
Instrument Se	erial No. 008865 Department
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	n the 23 day of March, 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.
STATES OF THE STATE OF THE STAT	

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008865 Test Date: 03/23/2010

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: 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	Pass	4:17pm
AIR BLK	.00	4:18pm
ACCY CHK	.07	4:18pm
AIR BLK	.00	4:19pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:23pm
ATR BLK	. 00	4:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Levin Don Analyst

## ROWAN COUNTY SALISBURY PD 790

Serial Number: 008865 Test Record Number: 212 Test Date: 03/23/2010 Test Time: 4:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:25pm
FLO	Pass	4:25pm
FC	Pass	4:25pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:25pm
SRC	Pass	4:25pm
DET	Pass	4:25pm
BAR	Pass	4:25pm
BT	Pass	4:25pm

#### Blank Tests

Test	Status	Time
ΣΤΡ	Pagg	4 · 25nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm
	CRC Tests	
Test	Status	Time

Pass

Pass

4:26pm 4:26pm

Preventive Maintenance Status: Pass

COMP

CAL

& Lein Dean

Burgara and the substitution of the Ari

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

County_	Instrument Location Strinly County 5. D.	
Instrument Seria	100.008824 1265.3rd St. Alberrarle	
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	y
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;	)W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister 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.	
I certify that on t procedures were Department of H	the <u>25</u> day of <u>Norch</u> , 20 <u>10</u> the forgoing preventive maintenant 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.	сe
THE STATE OF NO.	Bignature of Certifying Official Certificate Number	_

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 03/25/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:19am 11:20am 11:20am
AIR BLK SUB TEST	.00 .00	11:21am 11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 387 Test Date: 03/25/2010 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:28am 11:28am

Preventive Maintenance Status: Pass

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

		•	LINIOX ECIT	
County	anly	Instrument I	ocation Stanly	County D. D.
Instrument Seria	al No. <u>008842</u>		3rd 5t. 1 1860-3734	Albeniarle
The preventive of four months are	•			followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu		e, or the alcoholic breath	simulator thermometer shows
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW	" appears, collect brea	th sample;	
8.	Print test record;			
9.	Verify Diagnostic Progra	m; and		
10.				ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on a procedures were Department of H	the <u>5</u> day of	ent indicated above, in, and the instrument is	, 20/() the forgaccordance with current functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF N. A.	SALVA CAROLLA	Signature of Certifyi	ng Official	Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 03/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:54am 11:55am 11:56am 11:57am <b>11:58am</b> 11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm

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

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 565
Test Date: 03/25/2010 Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:03pm 12:03pm
FC	Pass	12:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	12:03pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Bolley D. Willis Analyst

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

County	edell	Instrument Location I rdel	_
Instrument Seri	al No. <u>008809</u>		i
The preventive four months are	-	for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.		canister displays pressure, or the alcoholic breat us .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	V" appears, collect breath sample;	
7.	When "PLEASE BLOW	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	ram; and	
10.		gas canister is being changed before expiration aing changed every four months or after 125 Alc	
	performed on the instrun	nent indicated above, in accordance with currences, and the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
ONE STATE OF COLUMN TO THE STATE OF COLUMN TO	COLU CAROLINA	Signature of Certifying Official	557 Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 03/17/2010

Citation Number: M000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:15pm 12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
ATR BLK	.00	12:22pm

Reported AC: .00 g/210L BOLLY D. Williignature of Chemical Analyst

Court CVR

Bolley D.

Analyst

## IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 1026
Test Date: 03/17/2010 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Bolley D. Willis

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

Instrument Serial No. CO8619 330 S. Tradd St. Statesville  704-878-3406  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	егу
<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> </ol>	how
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	
<ul><li>5. Verify instrument accuracy;</li><li>6. When "PLEASE BLOW" appears, collect breath sample;</li></ul>	
6. When "PLEASE BLOW" appears, collect breath sample;	
·	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. 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.	
I certify that on theday of	ince
TERE ORAN ANDREA TO THE OR THE ORANGE OF THE STATE OF THE ORANGE OF THE STATE OF THE ORANGE OF THE O	
Signature of Certifying Official Certificate Number	

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 03/17/2010

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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:38am 10:39am
ACCY CHK AIR BLK	.08 .00	10:40am 10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Wellis

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 442
Test Date: 03/17/2010 Test Time: 10:45am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:46am 10:46am
FC	Pass	10:46am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

## Blank Tests

Test	Status	Time
AIR	Pass	10:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:47am 10:47am

Preventive Maintenance Status: Pass

Analyst

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

County MA	ecklen burg	Instrument Location Corne	lius P.D.
Instrument Seria	ul No. 008692	21440 Catawba H 704-892-1363	NE., Cornelius
The preventive n four months are:		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	splays pressure, or the alcoholic breath ee centigrade;	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" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration of ed every four months or after 125 Alco	
I certify that on t procedures were Department of H	performed on the instrument indic	ated above, in accordance with current in instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OF THE STATE OF N.	R.E.	ure of Certifying Official	557
	Signat	ure of Certifying Official	Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 03/15/2010

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: 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	Pass	12:33pm 12:34pm
ACCY CHK	.08	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm

/01 07 E'...

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis
Analyst

## MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 597
Test Date: 03/15/2010 Test Time: 12:41pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

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

COMP Pass 12:42pm CAL Pass 12:42pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

County	01K 1	nstrument Location	Polk County S.D.
Instrument Seria	al No. <u>008027</u>	16 Mard 9 328-894-	St. Columbus 3001
The preventive r four months are:	•	neters, Model Intox EC	/IR II to be followed at least once every
. 1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		pholic 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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
	the	d above, in accordance	
THE STATE OF N. P. ST	Signature	of Certifying Official	7. Certificate Number

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

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008927 Test Date: 03/05/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:40am 10:41am 10:41am 10:42am 10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DOKU D

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

Department of Health and Human Services Rev. 12/2007

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008927 Test Record Number: 253
Test Date: 03/05/2010 Test Time: 10:47am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:47am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
	_	

COMP Pass 10:48am CAL Pass 10:48am

Preventive Maintenance Status: Pass

Analyst

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

County Va	ncey Instrument Location Yancey Co. Jail
Instrument Se	erial No. <u>008653</u> <u>Burnsville</u> , <u>NC</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 26 day of March, 20/0 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE IZ. CHENTER OF THE PROPERTY OF THE PROPERT	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 03/26/2010

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: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:39pm 5:40pm
ACCY CHK	.08	5:41pm
AIR BLK	.00	5:42pm
SUB TEST	.00	5:43pm
AIR BLK	.00	5:44pm
SUB TEST	.00	5:45pm
ATR BLK	. 00	5:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 625 Test Date: 03/26/2010 Test Time: 5:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:48pm
FLO	Pass	5:48pm
FC	Pass	5:48pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:48pm
SRC	Pass	5:48pm
DET	Pass	5:48pm
BAR	Pass	5:48pm
BT	Pass	5:48pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:49pm 5:49pm

Preventive Maintenance Status: Pass

Analyst

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

	No. <u>DO 8726</u> Instrument Location <u>Sprace Pine PD</u> Sprace Pine DC  Maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show
four months are:	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show
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 procedures were properties to the Department of He	ne <u>/ 8</u> day of <u>March</u> , 20/0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OT NATE OF THE STATE OF NO.	Signature of Certifying Official Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 03/18/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 261 Test Date: 03/18/2010 Test Time: 11:54am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

## Blank Tests

Test	Status	Time
AIR	Pass	11:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:55am 11:55am

Preventive Maintenance Status: Pass

Analyst

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

County $\sqrt{N}$	Shing The Instrument Location Washington Co. 5.2.
Instrument Seria	al No. DO 4829 Adams St., Plymouth, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
OF THE STATE OF TH	
White the same of	Signature of Certifying Official Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 03/24/2010

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

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

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

Analyst's Name: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:27pm 1:27pm 1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fine A. Keel

# WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 188
Test Date: 03/24/2010 Test Time: 1:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:36pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

#### 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

1:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 03/24/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:27pm 1:27pm 1:28pm 1:29pm 1:30pm 1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 188
Test Date: 03/24/2010 Test Time: 1:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:36pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

#### 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

Pass

1:36pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

INTOXIMETERS, MODEL INTOX EC/IR II	
County	MURELL CO. S.D.
Instrument S	Gerial No. 004902 402 Main St., Columbia, N.C.
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
CONTROL OF THE STATE AND S	E O NORTH CAROLLE

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

Signature of Certifying Official

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 03/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:16pm 12:17pm 12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
ATR BLK	.00	12:23 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 204
Test Date: 03/24/2010 Test Time: 12:24pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:26pm 12:26pm

Preventive Maintenance Status: Pass

Ines hum

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 03/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:16pm 12:17pm
ACCY CHK	.07	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
ATR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 204 Test Date: 03/24/2010 Test Time: 12:24pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

Pass

12:26pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Instrument Location MAKIN Co. S.D.
Instrument Se	rial No. 008479 305 E. Main St., William STON N.C.
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	n the day of NALLY, 20 1 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	And A. Lud Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 03/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:05pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:10pm
ATR BLK	. 0.0	12:11pm

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

ex. Keen

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 166
Test Date: 03/22/2010 Test Time: 12:13pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Status	Time
Pass	12:14pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

Preventive Maintenance Status: Pass

A flash

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 03/22/2010

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

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

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

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

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

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

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

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

1 Mees

Rev. 12/2007

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 166
Test Date: 03/22/2010 Test Time: 12:13pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:14pm 12:14pm
DET	Pass Pass	12:14pm
BAR	Pass	12:14pm
$\mathtt{BT}$	Pass	12:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:15pm

Pass 12:15pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Markin		Markin Cr. S.O.
Instrument	t Serial No. 208912	305 E. MAIN	SS., Williamsson, N.L.
The prever		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sampl	e;
7.	When "PLEASE BLOW" app	pears, collect breath sampl	e;
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.	nister is being changed bef anged every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures	nat on the AND day of Mass were performed on the instrument in the of Health and Human Services, and	dicated above, in accordant	the forgoing preventive maintenance nee with current regulations of the N.C. ing properly.
THE CREATER OF STATES OF S	ATE OF NO PLANTS OF THE CAROLINA AN VIOLENT AN VIOLENT AND VIOLENT	Cs lend	6.47
	Sig	nature of Certifying Office	ial Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 03/22/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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	11:35am 11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Fin. l. Keese
Analyst

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: 282
Test Date: 03/22/2010 Test Time: 11:43am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:45am

Pass

11:45am

Preventive Maintenance Status: Pass

Fine A Luce

CAL

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 03/22/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:35am 11:36am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

/04.05 ----

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

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 282 Test Date: 03/22/2010 Test Time: 11:43am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

#### Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	11:44am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45am 11:45am

Preventive Maintenance Status: Pass

Analyst Mass

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

County	0as25	Instrument Location_	GARFS CO. 4	۰.٥.
Instrument Se	rial No. 004444	200 Cours	4., GARLENI	10, b.c.
The preventive four months as	e maintenance procedures for the l	Intoximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic breath simulator t	hermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	ıd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed beforinged every four months of	ore expiration date, or the a after 125 Alcoholic Breat	lcoholic breath h Simulator tests,
procedures we	on the	dicated above, in accordan	ce with current regulations	ntive maintenance of the N.C.
ON THE STATE OF TH	NO STANCE CAROLINA	TOLA. Kes		647
	Sig	nature of Certifying Offici	al Certifi	cate Númber

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 03/09/2010

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: 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	Pass	3:44pm
AIR BLK	.00	3:45pm
ACCY CHK	.08	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 213
Test Date: 03/09/2010 Test Time: 3:57pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:58pm 3:58pm
FC	Pass	3:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:59pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

# GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 213
Test Date: 03/09/2010 Test Time: 3:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:58pm 3:58pm
FC	Pass	3:58pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

# Blank Tests

Test	Status	Time
AIR	Pass	3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:59pm

3:59pm

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

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

County	ALAMANCE	Instrument Loc	ation	AUCHAL	9 (a. J)	4.6
Instrumen	t Serial No. <u> </u>	<u>109 S.</u>	MAPIE	ST.	KRAHAM.	N
The prevention	ntive maintenance procedures for the	e Intoximeters, Model	Intox EC/IR I	I to be foll	owed at least once	every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		or the alcoholic	c breath sin	nulator thermomete	r shows
2.	Verify instrument displays ti	ime and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompt	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" a	ppears, collect breath	sample;			
7.	When "PLEASE BLOW" ap	ppears, collect breath	sample;			
8.	Print test record;					
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas consimulator solution is being of whichever occurs first.					
I certify the procedures Department	at on the day of	ACC Hi indicated above, in acc d the instrument is fu	_, 20_(O cordance with nctioning prop	the forgoin current reg erly.	g preventive maint gulations of the N.C	enance
TO SEE WAS	CAROLL MANDER TO THE PARTY OF T	Ignature of Certifying	Official		657 Certificate Numb	er

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 03/26/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:38am 11:39am 11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 699
Test Date: 03/26/2010 Test Time: 11:46am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	11:46am
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:47am 11:47am

Preventive Maintenance Status: Pass

Analyst

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

County	ALAMANE CO. JAIL
Instrumer	t Serial No. 008853 1095. MAPIE ST. GRAHAM, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
- 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the day of 14000, 2010 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
SISTEMATION OF THE CONTRACT OF	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 03/26/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:34am 11:35am
ACCY CHK	.07	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 462 Test Date: 03/26/2010 Test Time: 11:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

# Blank Tests

Test	Status	Time
AIR	Pass	11:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:44am 11:44am

Preventive Maintenance Status: Pass

Analyst

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

County Ac	ANANCE	Instrument Location	on Buein	FB PB
Instrument Seria	1No. <u>008907</u>	267 W.	FRONT ST.	BURLINGTH, N.
The preventive n four months are:	naintenance procedures for the Into	ximeters, Model In	tox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		he alcoholic breath	simulator thermometer shows
2.	Verify instrument displays time ar	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	s, collect breath sar	mple;	
7.	When "PLEASE BLOW" appears	s, collect breath sar	nple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed d every four month	before expiration dans or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures were	he 36 day of MARC performed on the instrument indicate ealth and Human Services, and the	ited above, in accor	rdance with current	oing preventive maintenance regulations of the N.C.
STATE OF NO STATE	CAROUM S			
VOAT VI	MAIC	) AME	fficial	Certificate Number
	<b>S</b> ignati	ire of Certifying O	Hiciai	Ceruncate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 03/26/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:50am
AIR BLK	.00	10:51am
ACCY CHK	.08	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am

10:57am

Reported AC: .00_g/210L

AIR BLK 00

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 282 Test Date: 03/26/2010 Test Time: 10:59am EDT

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	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

# 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

Analyst

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

County ALA	MANGE Instrument Location BURLINGTON P.D.
Instrument Seria	INO. 008812 357 W. FRONT ST. BURLINGER, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
STATE OF A	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 03/26/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

DIAG Pass 10:42am AIR BLK .00 10:43am ACCY CHK .07 10:44am AIR BLK .00 10:45am SUB TEST .00 10:45am	Test	g/210L	Time
AIR BLK .00 10:46am SUB TEST .00 10:48am AIR BLK .00 10:48am	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .07 .00 .00	10:43am 10:44am 10:45am 10:46am 10:46am

Reported AC: .00 g/210h

Signature of Chemical Analyst

Court CVR

Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 546 Test Date: 03/26/2010 Test Time: 10:51am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

# Temperature Tests

Status	Time
Pass	10:52am
	Pass Pass Pass Pass

# Blank Tests

Test	Status	Time
AIR	Pass	10:52am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:52am
	CRC Tests	
Test	Status	Time

COMP Pass 10:53am CAL Pass 10:53am

Preventive Maintenance Status: Pass

Analyst

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

County <u>(181</u>	*ake	Instrument Location	XIM.	Bale	X-1/74	1.0	
Instrument Seria	al No. <u>208799</u> /2	7 D CHURRO	PLA S	<del></del>	4/1520po	c(H	<u> 1</u> 0.
The preventive r	maintenance procedures for the Intox	imeters, Model Intox E	C/IR II t	o be fol	lowed at least	once eve	гу
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alle centigrade;	coholic b	reath si	mulator therm	ometer sl	iows
2.	Verify instrument displays time an	d date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears	, collect breath sample;	<b>,</b>				
7.	When "PLEASE BLOW" appears	, collect breath sample;	•				
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being changed before devery four months or	re expira after 125	tion dat Alcoh	e, or the alcoho olic Breath Sin	olic breat nulator te	h sts,
I certify that on procedures were Department of I	the day of	ted above, in accordance instrument is functioning	the with cong proper	e forgoi urrent re	ing preventive egulations of th	maintena ne N.C.	nce
OF THE STATE OF TH	Signatu	re of Certifying Officia	al	_	652 Certificate	Number	

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 03/25/2010

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:
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

g/210L	Time
Pass .00 .07 .00 .00	11:41am 11:42am 11:42am 11:43am 11:44am 11:45am 11:46am
.00	11:47am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 493 Test Date: 03/25/2010 Test Time: 11:49am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:49am 11:49am 11:49am 11:49am
BT	Pass	11:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:50am 11:50am

Preventive Maintenance Status: Pass

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

County Off,	A7-68	Instr	ument Location	HER HILL P.D
Instrument Seria	ıl No. <u>008839</u>	828	MARTIN LUTH	ER KING TR. BIJD
			CHAR	er King JR. BIJD tel till, Hil.
The preventive r four months are:		Intoximet	ers, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o			c breath simulator thermometer shows
2.	Verify instrument displays tin	me and dat	e;	
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, coll	ect breath sample;	
7.	When "PLEASE BLOW" ap	pears, coll	ect breath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is bo nanged eve	eing changed before expi ry four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on a procedures were Department of H	the 35 day of MA performed on the instrument in Itealth and Human Services, and	ndicated ald the instru	, 20 <i>IO</i> pove, in accordance with ament is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
THE STATE OF A TOTAL TO THE ST	OSIN CAROLINA Just Si	gnature of	<u>ルキプイで</u> Certifying Official	652 Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 03/25/2010

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:
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	Pass .00 .08	10:48am 10:49am 10:50am
AIR BLK	.00	10:51am 10:51am
SUB TEST	.00 .00	10:51am
AIR BLK SUB TEST	.00	10:52am
AIR BLK	.00	10:55am
HTV DUV		rv.JJam

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 451 Test Date: 03/25/2010 Test Time: 10:58am EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	10:58am
FLO	Pass	10:58am
FC	Pass	10:58am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

# Blank Tests

Test	Status	Time
AIR	Pass	10:59am

# Printer Tests

Test	Status	'l'ıme
PRNT	Pass	10:59am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:59am
CAL	Pass	10:59am

Preventive Maintenance Status: Pass

Analyst

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

County	ORANGE	Instrument Location (11A	PEZ HIN P.D
Instrument	t Serial No. <u>008656</u>	826 MARTH LUTHER	KING JR BUD
			CHARLE HILL, NC.
The prever	<del>-</del>	ne Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	<b>;</b>	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expira changed every four months or after 12:	
I certify the procedures Departmen	at on theday of were performed on the instrument at of Health and Human Services, an	indicated above, in accordance with cond the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
THE STATE OF THE CONTROL OF THE CONT	ATE OF NORTH AND		
-4110		ignature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 03/25/2010

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:

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	Pass .00 .08	10:45am 10:46am 10:46am
AIR BLK	.00	10:47am
SUB TEST AIR BLK	.00 .00	10:48am 10:49am
SUB TEST	.00	10:50am
ATR BLK	_00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 458
Test Date: 03/25/2010 Test Time: 10:53am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:54am 10:54am 10:54am 10:54am 10:54am

### Blank Tests

Test	Status	Time
AIR	Pass	10:54am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55am 10:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOXICAL
County	CHATHAM Instrument Location PITT3BORO 16CICE - LAG
Instrument S	erial No00859/
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of
STATE STATE OF THE	

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Date: 03/29/2010

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: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
10/01/2009-10/01/2011

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

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

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

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

Rev. 12/2007

### CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 525
Test Date: 03/29/2010 Test Time: 10:14am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	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	'l'ıme
AIR	Pass	10:15am

### Printer Tests

Status

Test

CAL

PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:15am

Time

10:15am

Preventive Maintenance Status: Pass

Pass

A)nalyst

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

County /	H Instrument Location Pitt Co. Defantion Conte
Instrument Se	rial No. 108646 124 Defention Dr, Green ille, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the <u>05</u> day of <u>March</u> , 20 10 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	100712
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 03/25/2010

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: 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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:56am 11:57am 11:58am 11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:02pm
ATR BLK	. 00	12:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 805 Test Date: 03/25/2010 Test Time: 12:06pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:07pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
$\mathtt{BT}$	Pass	12:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

### Printer Tests

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

Pass

12:07pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	P:H	Instrument Location PH (	o. Detention Conto
Instrumen	nt Serial No. <u>008668</u>	124 Defention	Dr., Goenville, NC
The preve	entive maintenance procedures for the Inthe that are:	ntoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expira nged every four months or after 125	
procedure	hat on the 25 day of Mares were performed on the instrument incent of Health and Human Services, and the control of the contro	licated above, in accordance with c	e forgoing preventive maintenance urrent regulations of the N.C. rly.
ARE GREAT SECTION OF S	TATE OF NORTH AND THE CARD AND		643
	- Acer	nature of Certifying Official	Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 03/25/2010

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: 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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	11:38am 11:39am
ACCY CHK	.07	11:40am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:44am
ATR BIK	. 0.0	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 1262
Test Date: 03/25/2010 Test Time: 11:47am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:49am

### Printer Tests

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

Pass

11:49am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County_	P:H	Instrument Location	o. Detention Cente
Instrume	ent Serial No. <u>008662</u>	124 Detention D	r., Greenville, NC
The prev	ventive maintenance procedures for the Inths are:	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 charwhichever occurs first.	ister is being changed before expiratinged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedur	that on the <u>J5</u> day of <u>Mar</u> res were performed on the instrument inc ent of Health and Human Services, and t	licated above, in accordance with cur	forgoing preventive maintenance rrent regulations of the N.C.
STATE ORLANDS	STATE ON OR THE CARD OF THE CA		1112
The same	Kell	nature of Certifying Official	Certificate Number
	Sigi	igiture of Certifying Official	Continuate Humber

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 03/25/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:20am 11:21am 11:22am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 392 Test Date: 03/25/2010 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28am
FLO	Pass	11:28am
FC	Pass	11:28am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

Analyst

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

County Cho	Man Chowan Co. Public Safet
Instrument Seria	INO. 008895 305 W. FreeMason St. Elenbon, M
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the /g day of Mac(N), 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.
One STATE ON NOTICE OF THE PROPERTY OF THE PRO	OSCILLA CAROLINA
CSE QUAM VIDER	1 1/1 1 643
	Signature of Certifying Official Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 03/18/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .08 .00	11:09am 11:10am 11:11am 11:12am
AIR BLK SUB TEST	.00 .00	11:13am 11:15am
ATR BLK	0.0	11:16am

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

### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 229
Test Date: 03/18/2010 Test Time: 11:17am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Hales	Instrument Location_	But morela anit
Instrument	t Serial No. <u>0086</u> 98		
The prever		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 deg	isplays pressure, or the a	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" appear	ars, collect breath sample	e;
7.	When "PLEASE BLOW" appea	ars, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas can is simulator solution is being chang whichever occurs first.	ter is being changed befiged every four months o	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
procedures	nat on the day of	cated above, in accordar	the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
THE GREAT SET SET SET SET SET SET SET SET SET SE	CARE OF VORTE CAROLLE IN THE CAROLLE	167110-	- 

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

Signature of Certifying Official

Certificate Number

### HOKE COUNTY BAT MOBILE UNIT 5 460

Test Record Number: 477 Serial Number: 008698 Test Time: 10:33pm EDT Test Date: 03/27/2010

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
ВŤ	Pass	10:33pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:34pm
CAL	Pass	10:34pm

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

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008698 Test Date: 03/27/2010

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

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:23pm 10:24pm
ACCY CHK	.08	10:25pm
AIR BLK	.00	10:26pm
SUB TEST	<b>.00</b> .00	<b>10:26pm</b> 10:27pm
AIR BLK SUB TEST	.00	10:27pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Hoke Instrument Location BST MOBILE LIVIT T
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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 oprocedures w Department o	on the 2 day of MANCH, 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	Clyl 5. 11 v Ja 4 656

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

Signature of Certifying Official

Certificate Number

### HOKE COUNTY BAT MOBILE UNIT 5 460

Test Record Number: 378 Serial Number: 008788 Test Time: 10:32pm EDT Test Date: 03/27/2010

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
$\mathtt{BT}$	Pass	10:33pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

### CRC Tests

Test	Status	Time
COMP	Pass	10:33pm
CAL	Pass	10:33pm

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

HOKE COUNTY BAT MOBILE UNIT 5 460

Serial Number: 008788 Test Date: 03/27/2010

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

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	water	Instrument Location_	1347	medite buit
Instrument Se	rial No. <u>008698</u>		Pale	64
The preventive four months as	e maintenance procedures for the In	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		alcoholic bre	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect breath sample	le;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample	le;	
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.	ister is being changed bei nged every four months o	fore expiratio or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the 26 day of 12 day of 12 day of 12 day of 13 day of 14 day of 14 day of 15 day of 17 day of 18 day of	dicated above, in accorda the instrument is function	the face with curraing properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S	C Sign	nature of Certifying Offic	and Cial	Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 471
Test Date: 03/26/2010 Test Time: 11:36pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	TIME
AIR	Pass	11:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:38pm
	CRC Tests	

Test	Status	Time
COMP CAL	Pass Pass	11:38pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 03/26/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:23pm 11:24pm 11:25pm 11:26pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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

County [	Jake Instrur	ment Location BAT MOBILE CENTY
Instrument Seria	al No. <u>008600</u>	Rolling
The preventive r four months are:		rs, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	ressure, or the alcoholic breath simulator thermometer shows grade;
2.	Verify instrument displays time and date;	;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect	ct breath sample;
7.	When "PLEASE BLOW" appears, collect	ct breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is bein simulator solution is being changed every whichever occurs first.	ng changed before expiration date, or the alcoholic breath y four months or after 125 Alcoholic Breath Simulator tests,
I certify that on to procedures were Department of H	the 26 day of Mance to e performed on the instrument indicated about Health and Human Services, and the instrument	the forgoing preventive maintenance ove, in accordance with current regulations of the N.C. ment is functioning properly.
OTHE STATE OF N	Jane t	S. 111 or 636

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

Signature of Certifying Official

Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 594
Test Date: 03/26/2010 Test Time: 11:57pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:59pm
CAL	Pass	11:59pm

Preventive Maintenance Status: Pass

Analyst

### WAKE COUNTY BAT MOBILE UNIT 5 910

Test Record Number: 594 Serial Number: 008600 Test Time: 11:57pm EDT Test Date: 03/26/2010

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:59pm
CAL	Pass	11:59pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

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

County	Water	Instrument Location_			how it
Instrument S	Serial No. 008788		Role	01691	
The preventi	ive maintenance procedures for the Intare:	toximeters, Model Intox	EC/IR II to b	e followed at lea	st once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic brea	th simulator ther	mometer 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	e;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before ged every four months o	ore expiration r after 125 A	n date, or the alco lcoholic Breath S	pholic breath simulator tests,
I certify that procedures v Department	on the 26 day of 122, were performed on the instrument indi of Health and Human Services, and the	ancH , 20, cated above, in accordar ne instrument is function	the force with currently.	orgoing preventivent regulations of	re maintenance the N.C.
TATS HE COREAL TO WANTED SEE THE COREAL TO SEE THE CORE THE COREAL TO SEE THE CORE T	CAROLLI	L 6.1110mg	Z J	6	<del>3</del> 6

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

Signature of Certifying Official

Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 371 Test Date: 03/26/2010 Test Time: 11:36pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

### Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm

### CRC Tests

Test	Status	Time
COMP	Pass	11:37pm
CAL	Pass	11:37pm

Preventive Maintenance

Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/26/2010

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

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

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:22pm 11:23pm 11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Gree	Instrument Location PAT Michile Unit 4	
Instrument Seria	al No	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	,
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, 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 test whichever occurs first.	s,
procedures were	the gc day of da	ce
THE STATE OF MAN TO STATE OF M	Signature of Certifying Official Certificate Number	

### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871 Test Record Number: 236
Test Date: 03/26/2010 Test Time: 9:25pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

### Temperature Tests

Status	Time
Pass	9:26pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
ATR	Pass	9 • 27 mm

### Printer Tests

	TITHCEL TESC	
Test	Status	Time
PRNT	Pass	9:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:27pm 9:27pm

Preventive Maintenance Status: Pass

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871 Test Date: 03/26/2010

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	9:18pm 9:19pm
ACCY CHK	.07	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Water	Instrument Location Bal	MOBILE Lant
Instrument	Serial No. <u>008698</u>	CAN	y
The prevent	tive maintenance procedures for the last are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		preath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>1</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.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expira anged every four months or after 12:	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures Department	t on the/2day of/2 were performed on the instrument in of Health and Human Services, and	the instrument is functioning prope	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
VATO SEST		nature of Certifying Official	Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 461 Test Date: 03/12/2010 Test Time: 11:32pm EST

System Check: Passed

#### Baseline Tests

FLO P	ass 11	l:32pm L:32pm L:32pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:33pm
	CRC Tests	

rest	Status	Time
COMP	Pass	11:33pm
CAL	Pass	11:33pm

Preventive Maintenance Status: Pass

Änalyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 03/12/2010

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: 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	11:20pm 11:21pm 11:22pm 11:23pm 11:23pm 11:24pm 11:26pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Malyst

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

1110/00

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

County	WAKE Instrument Location But Mobile Con, T
Instrumer	Serial No. <u>008788</u> <u>CAny</u>
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify the procedure Departme	at on the
CHARGE AT SECTION OF 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.

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 356 Test Date: 03/12/2010 Test Time: 11:31pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:31pm
SRC	Pass	11:31pm
DET	Pass	11:31pm
BAR	Pass	11:31pm
$\mathtt{BT}$	Pass	11:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

#### Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/12/2010

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:19pm 11:20pm
ACCY CHK	.08	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:25pm
AIR BLK	.00	11:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 (	DALE Instrument Location BUT 1110 BILE LIVIT
Instrument Ser	ial No. 008788 Instrument Location Sat 1110 B. LE LWITT ALE
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	the
AMERICAN MAND SESTING THE CREAT SESTING THE CREA	Signature of Certifying Official Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 364 Test Date: 03/19/2010 Test Time: 10:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:56pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:56pm 10:56pm
DET	Pass	10:56pm
BAR	Pass	10:56pm
BT	Pass	10:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

Time

#### Printer Tests

Status

Test

PRNT	Pass	10:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57pm 10:57pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 03/19/2010

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	10:38pm
AIR BLK ACCY CHK	.00	10:39pm 10:40pm
AIR BLK	.00	10:40pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	ORANGE In	strument Location BAT MOBILE CONIT
Instrument	nt Serial No. <u>CCF69F</u>	CHAPLL HILL
The prever		neters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of	ys pressure, or the alcoholic breath simulator thermometer shows entigrade;
2.	Verify instrument displays time and	date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, o	ollect breath sample;
7.	When "PLEASE BLOW" appears, o	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 e whichever occurs first.	being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator tests,
procedures	hat on the <u>day of H1Ar2</u> es were performed on the instrument indicated on the Health and Human Services, and the ins	the forgoing preventive maintenance above, in accordance with current regulations of the N.C. trument is functioning properly.
TO SEE ALL CREATEST OF THE SEC	TATE OF NORTH	6711022 636

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

Signature of Certifying Official

Certificate Number

## ORANGE COUNTY BAT MOBILE UNIT 5 670

Test Record Number: 468 Serial Number: 008698 Test Date: 03/20/2010 Test Time: 10:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:30pm
FLO	Pass	10:30pm
FC	Pass	10:30pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:30pm
SRC	Pass	10:30pm
DET	Pass	10:30pm
BAR	Pass	10:30pm
BT	Pass	10:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:31pm
CAL	Pass	10:31pm

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

#### ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008698 Test Date: 03/20/2010

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: 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	10:21pm 10:22pm 10:23pm 10:23pm 10:24pm 10:25pm 10:27pm
AIR BLK	.00	10:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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

County	ORANGE	Instrument Location	BAT MOG	3.Le La THS
Instrument	Serial No		HAME C	14,24
The preven	ntive maintenance procedures for the I	ntoximeters, Model Intox E	C/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath sim	ulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	,		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed befor nged every four months or a	e expiration date, after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
procedures	at on the day of	dicated above, in accordance	e with current reg	g preventive maintenance ulations of the N.C.
STATE OF STA	test	ature of Certifying Official	<u></u>	Certificate Number

# ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788 Test Record Number: 367
Test Date: 03/20/2010 Test Time: 10:22pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

#### Printer Tests

Test

COMP

CAL

PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time

Status

Time

10:23pm

10:23pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

#### ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788 Test Date: 03/20/2010

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:13pm 10:14pm
ACCY CHK	.08	10:15pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Анаіу

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

	INTOXIMETERS, MODEL INTOXICATE IT
County UP	Instrument Location Fraction Fraction
Instrument Seria	11 No
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 day of MARCH, 20 \O 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.
TO THE STATE OF A THE	Signature of Certificial Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 03/24/2010

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

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

Analyst's Name:
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	Pass .00 .08	10:50am 10:51am 10:52am
AIR BLK SUB TEST	.00 .00	10:53am 10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 293
Test Date: 03/24/2010 Test Time: 10:58am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Test

CAL

PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Status Time

11:00am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	WAVE	Instrument Location_	CARA	<i>PD.</i>	<del></del>
Instrumen	t Serial No. OOSS7	Do WHY	su Are	· CAM,	- Partie -
The preve	ntive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be follo	wed at least once ev	very
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	ılcoholic breath sim	ulator thermometer	shows
2.	Verify instrument displays t	ime and date;			
3.	Initiate breath test sequence;	;			
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, collect breath sample	<del>;</del> ;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample	<del>;</del> ;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.		anister is being changed befor hanged every four months or			
procedures	at on the day of day of day of of to f Health and Human Services, and	indicated above, in accordan	ice with current regi	g preventive mainter ulations of the N.C.	nance
THE GREAT SECTION OF S	A CONTRACTOR OF THE CONTRACTOR	ignature of Certifying Officia	al _	G 52	r

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 03/23/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 1028
Test Date: 03/23/2010 Test Time: 11:09am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Decree Co. Store
Instrument Seria	11 No. 008859 27 S. HAMOUM ST. DUNTMY H
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 day of day of 200 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.
COLUMN TOWN TO COLUMN TO THE STATE OF THE ST	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 03/22/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/2ToL

Signature of Chemical Analyst

Court CVR

## DURHAM COUNTY DURHAM COUNTY JAIL 310

Test Record Number: 498 Serial Number: 008859 Test Date: 03/22/2010 Test Time: 12:23pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County D	AMAM Instrument Location Detrim Co. JAIL
Instrument Se	erial No. 608878 DURHAM, M
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 day of Market , 20 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE	A CAROLINA
* ESE QUAM VI	W \ Linux 650
	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 03/22/2010

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: 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 .08	11:53am 11:54am 11:54am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 805
Test Date: 03/22/2010 Test Time: 12:03pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

# Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Analyst

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

County	Dietan Instrum	ent Location Digital	( Co. JAIL
Instrument	nt Serial No. <u>()                                   </u>	S. MANGUM ST	. Durtan N
The preven	entive maintenance procedures for the Intoximeters ths are:	, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pro 34 degrees, plus or minus .2 degree centig		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, collec-	breath sample;	ž.
7.	When "PLEASE BLOW" appears, collec-	t breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is bein simulator solution is being changed every whichever occurs first.		
	that on the day of day of day of HAPCH es were performed on the instrument indicated about the instrument of Health and Human Services, and the instrum		going preventive maintenance regulations of the N.C.
GREAT SE	QUAN VIDENTA	ertifying Official	Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 03/22/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 633 Test Date: 03/22/2010 Test Time: 11:56am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:56am
FLO	Pass	11:56am
FC	Pass	11:57am

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:57am

#### Printer Tests

Status

Test

CAL

PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

Time

11:58am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Sp.	ANNIE Instrument Location (1880)			
Instrument Seria	INO. 008641 111 MASONIC ST. CRESINEUR, NC			
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theday of			
TOTAL STATE OF NO.	Signature of Certifying Official  Certificate Number			

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 03/19/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:40pm 2:41pm 2:42pm
AIR BLK SUB TEST	.00 .00	2:43pm 2:44pm
AIR BLK SUB TEST	.00 .00	2:44pm 2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature (of Chemical Analyst

Court CVR

Analy

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 512 Test Date: 03/19/2010 Test Time: 2:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:49pm
FLO	Pass	2:49pm
FC	Pass	2:49pm

## Temperature Tests

n
n
n
n
n

## Blank Tests

Test	Status	Time
AIR	Pass	2:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:50pm

Preventive Maintenance Status: Pass

Pass

2:50pm

CAL

Analyst

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

County <u>S</u>	AUSTE	Instrument Loc	cation	OFRAS		<u> </u>
Instrument Seria	al No. <u>25833                                   </u>	231 E	Metal	p. p	57	DOWN !
The preventive four months are	maintenance procedures for the	Intoximeters, Mode	I Intox EC/	IR II to be followe	ed at lea	st once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		or the alco	holic breath simula	ator ther	mometer shows
. 2.	Verify instrument displays ti	me and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	pears, collect breath	sample;			
7.	When "PLEASE BLOW" ap	pears, collect breath	sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; a	and				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being chang nanged every four mo	ged before onths or aft	expiration date, or er 125 Alcoholic I	the alco Breath S	pholic breath limulator tests,
procedures were	the day of performed on the instrument in Health and Human Services, and	ndicated above, in ac	cordance v	with current regula	reventiv tions of	ve maintenance the N.C.
OF THE STATE OF TH	ORTH CAROUNA	gnature of Certifying	Official		65°C	e Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 03/17/2010

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: 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	Pass	10:05am
AIR BLK	.00	10:06am
ACCY CHK	.07	10:06am
AIR BLK	.00	10:07am
SUB TEST	.00	10:08am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 181 Test Date: 03/17/2010 Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	FORSYTH	Instrument Location_	BAT MOBIL	E UNIT 3
Instrument S	Serial No. <u>008616</u>		Winston SA	LEM, NC
The preventi four months	ve maintenance procedures for the Int	oximeters, Model Intox I	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the al	coholic breath simulator	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.	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 the a after 125 Alcoholic Breat	lcoholic breath h Simulator tests,
I certify that opposed we be considered with the construction of t	on the	2CH , 20 / ted above, in accordance instrument is functioning	the forgoing preven with current regulations g properly.	itive maintenance of the N.C.
THE STATE OF THE S	CAROUNA AROUNA	Jan Ban		048

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616 Test Date: 03/19/2010

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: 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	10:00pm 10:01pm 10:01pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616 Test Record Number: 777 

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:12pm 10:12pm
FC	Pass	10:13pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:13pm 10:13pm 10:13pm 10:13pm 10:13pm
		= : = = = :

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	CABAR	RRU5	Instrument Location	BAT MOBILE	UNIT 3
Instrumen	t Serial No	008616		KANNAPOLIS	, N C
The prever		ance procedures for the	e Intoximeters, Model Intox E	EC/IR II to be followed at le	east once every
1.	Verify 34 deg	the ethanol gas canist grees, plus or minus .2	er displays pressure, or the al degree centigrade;	coholic breath simulator the	ermometer show
2.	Verify	instrument displays ti	me and date;		
3.	Initiate	breath test sequence;			
4.	Enter i	nformation as prompte	ed;		
5.	Verify	instrument accuracy;			
6.	When '	"PLEASE BLOW"  ap	ppears, collect breath sample;		
7.	When '	"PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print te	est record;			
9.	Verify	Diagnostic Program; a	and		
10.	simulat		nister is being changed befor anged every four months or a		
procedures	were performe	ed on the instrument ir	ndicated above, in accordance the instrument is functioning	e with current regulations of	ve maintenance f the N.C.
STAN STAN STAN STAN STAN STAN STAN STAN	TE O'NO QUA				
MAND BEST WAR	VADERIT	alen	Rey Bans mature of Certifying Official	64	18
		Sig	nature of Certifying Official	Certifica	te Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 03/20/2010

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: 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	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	<b>9:50pm</b>
AIR BLK	.00	9:51pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 780
Test Date: 03/20/2010 Test Time: 9:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:00pm
FLO	Pass	10:00pm
FC	Pass	10:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
BT	Pass	10:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:01pm 10:01pm

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS	Instrument Location_	BAT MOBILE	UNIT 3
Instrument	Serial No. 008647		KANNAPOLIS,	μc
The prevent	tive maintenance procedures for the s are:	Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
ì.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the degree centigrade;	alcoholic breath simulator	thermometer 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	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; as	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			
procedures	t on theday of	uicaled above, ili accordan	ice with current regulations	ntive maintenance s of the N.C.
STATE OREAL STATE OF THE STATE	LONG LINE CAROLINA	2. 1		//0
	Sign	Rg Bans nature of Certifying Officia	al Certifi	cate Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 03/20/2010

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: BARNES, ALVIN R Permit Number: 15671E Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:51pm 9:52pm 9:53pm 9:54pm 9:54pm 9:55pm 9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 739
Test Date: 03/20/2010 Test Time: 9:58pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	1ECKLENBURG	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	erial No. <u>0086</u> 16		BAT MOBILE UNIT 3 HUNTERSVILLE, NC
The preventi four months	ve maintenance procedures for the Interest	toximeters, Model Intox E	CC/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 al ree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before ed every four months or a	e expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
certify that o rocedures we Department of	n the <u>17</u> day of <u>MA F</u> re performed on the instrument indicate Health and Human Services, and the	RCH, 20 / ated above, in accordance instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.
O THE STATE OF	NORTH CAROUND		
AND THE OTHER AND A SIDE	alu R	3 Bans	648
	Signatu	e of Certifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 03/17/2010

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

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:45pm 10:46pm 10:47pm 10:47pm 10:48pm 10:49pm 10:50pm
AIR BLK	.00	10:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Test Date: 03/17/2010 Test Time

Test Record Number: 770 Test Time: 10:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:57pm 10:57pm 10:57pm 10:57pm 10:57pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58pm

#### Printer Tests

		~0
Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:58pm 10:58pm

Preventive Maintenance Status: Pass

Analyst

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

County_/	MECKLENBURG	Instrument Location	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008647</u>		YUNTERSVILLE, NC
The prevent	tive maintenance procedures for the Into s are:	oximeters, Model Intox EC	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alco	pholic breath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before of the devery four months or aft	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
procedures w	on theday ofAR were performed on the instrument indicate of Health and Human Services, and the in	ted above, in accordance v	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE CHECKET AND THE CONTROL OF THE CHECKET AND	A A O A A A A A A A A A A A A A A A A A	a	
Concordi	alen Ray Signature	Bang e of Certifying Official	648
	Signatura	or centrying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 03/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:47pm 10:48pm 10:49pm 10:50pm 10:51pm 10:52pm
SUB TEST	.00	-
ATR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Ba

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 729 

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:54pm
SRC	Pass	10:54pm
DET	Pass	10:54pm
BAR	Pass	10:54pm
BT	Pass	10:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55pm 10:55pm

Preventive Maintenance Status: Pass

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

County_	<i>ECKLENBURG</i>	Instrument Location 3	AT MOBILE UNIT 3
Instrument Se	erial No. <u>008707</u>		AT MOBILE UNIT 3 UNTERSVICLE, NC
The preventive four months a		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		lic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures we	on theday of ere performed on the instrument indic f Health and Human Services, and the	ated above, in accordance wit	the forgoing preventive maintenance h current regulations of the N.C. operly.
STATE OF STA	TO STATE OF THE ST	0 0	/
MANUAL STATES	Celen 1	Rey Baus ure of Certifying Official	Certificate Number
	Signat	are or Certifying Official	Confidence (Annibe)

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 03/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bans
Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 523
Test Date: 03/17/2010 Test Time: 11:12pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:13pm 11:13pm 11:13pm 11:13pm 11:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14pm

#### Printer Tests

Test	Status	Time
PRNT	PRNT Pass	
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

Analyst

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

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

#### PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008871 Test Record Number: 232
Test Date: 03/20/2010 Test Time: 8:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:23pm
FLO	Pass	8:23pm
FC	Pass	8:24pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	8:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:25pm 8:25pm

Preventive Maintenance Status: Pass

Analyst

PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008871 Test Date: 03/20/2010

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	8:15pm
AIR BLK	.00	8:16pm
ACCY CHK	.07	8:17pm
AIR BLK	.00	8:17pm
SUB TEST	.00	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
ATR BLK	. 00	8:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County +	Instrument Location BAT Mobile Unit 4
Instrument So	erial No. <u>CC 8734</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 60 day of 10 day of
THE STATE OF THE S	CAROLL CA

#### PERSON COUNTY BAT MOBILE UNIT 4 720

Test Record Number: 331 Serial Number: 008734 Test Date: 03/20/2010

Test Time: 8:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:25pm
FLO	Pass	8:25pm
FC	Pass	8:25pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:25pm
SRC	Pass	8:25pm
DET	Pass	8:25pm
BAR	Pass	8:25pm
BT	Pass	8:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:26pm

#### Printer Tests

Status

Test

CAL

Time

8:26pm

PRNT	Pass	8:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:26pm

Preventive Maintenance Status: Pass

Pass

Analyst

PERSON COUNTY BAT MOBILE UNIT 4 720

Serial Number: 008734 Test Date: 03/20/2010

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: 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	8:17pm
AIR BLK	.00	8:18pm
ACCY CHK	.08	8:18pm
AIR BLK	.00	8:19pm
SUB TEST	.00	8:20pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

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

' RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 03/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
ATR BLK	. 0.0	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 795
Test Date: 03/17/2010 Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:25am

Preventive Maintenance Status: Pass

Pass

11:25am

CAL

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

17	INTOXIMETERS, MODEL INTOX EC/IR II
County	Chmond Instrument Location Michmond County
Instrument Seri	al No. 008840 MAGISTRATE'S OFFICE
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
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

> Serial Number: 008840 Test Date: 03/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:12am 11:13am
ACCY CHK	.08	11:13am
AIR BLK	.00	11:15am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
ATR BLK	. 00	11:19am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 292 Test Date: 03/17/2010 Test Time: 11:21am EDT

System Check: Passed

#### Baseline Tests

Status	Time
Pass	11:21am
Pass Pass	11:21am 11:21am
	Pass Pass

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:22am

#### Printer Tests

Test

CAL

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

Status

Time

11:22am

Preventive Maintenance Status: Pass

Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IN	•
County U	MBERLAND Instrument Location TOPE 7	AIR Force
Instrument Seria	INO. 00 8657 BASE, Securi-	ty Forces
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	1
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that on to procedures were Department of H	he	ing preventive maintenance egulations of the N.C.
THE STATE OF A PART OF THE PAR	De la companya della companya della companya de la companya della	<u> </u>
	Signature of Certifying Official	Certificate Number

POPE AIR FORCE BASE SECURITY FORCES
CUMBERLAND COUNTY

Serial Number: 008657 Test Date: 03/15/2010

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:22pm 12:24pm 12:24pm 12:25pm 12:26pm 12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

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

#### POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

Serial Number: 008657 Test Record Number: 930 Test Date: 03/15/2010 Test Time: 12:33pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:34pm 12:34pm 12:34pm 12:34pm 12:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_	NSON Instrument Location ANSON COUNTY
Instrument Seri	ial No. <u>BO8739</u> Sheriff'S Office
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OT THE STATE OF TH	Jul 1. Jimm 578
	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON CO. SO. 030

Serial Number: 008739 Test Date: 03/17/2010

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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	1:40pm 1:41pm 1:41pm 1:42pm 1:43pm 1:44pm 1:45pm 1:46pm
ATK DUV	.00	T: 40DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY ANSON CO. SO. 030

Serial Number: 008739 Test Record Number: 88 Test Date: 03/17/2010 Test Time: 1:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:47pm 1:47pm
FC	Pass	1:47pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:48pm 1:48pm

Preventive Maintenance Status: Pass

Analyst

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

County	ANSON	Instrument Location 1915 3	ow County
Instrument	t Serial No. <u>008597</u>	Sheriff's De	est. OFFICE
The prever		the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ister displays pressure, or the alcoholic breath s.2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	ee;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.		canister is being changed before expiration date changed every four months or after 125 Alcoh	
procedures	were performed on the instrument	MARCH , 20 10 the forgo tindicated above, in accordance with current rand the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
ALSO SEE ALS	12.	Signature of Certifying Official	Contificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 03/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:17pm 1:18pm 1:19pm 1:20pm 1:20pm
SUB TEST AIR BLK	.00	1:23pm 1:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

## ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 384
Test Date: 03/17/2010 Test Time: 1:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
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
$\mathtt{BT}$	Pass	1:25pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

#### Printer Tests

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

1:26pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County SC	otland Instrument Location LAURINBURG,
Instrument Seria	100000 D1 300 T
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 the procedures were properties to the Department of He	ne 18 day of MRCH, 2010 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO	Signature of Certifying Official Certificate Number

SCOTLAND LAURIBURG PD. 820

Serial Number: 008834 Test Date: 03/18/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SCOTLAND LAURIBURG PD. 820

Serial Number: 008834 Test Record Number: 277
Test Date: 03/18/2010 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County S	Cotiand Instrument Location Scotland Count				
Instrument Seria	al No. Od SS61 Sheriff'S Office				
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 to procedures were Department of H	the				
THE STATE OF NO. 175 ST	Signature of Certifying Official Certificate Number				

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 03/18/2010

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

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:56pm 12:57pm 12:58pm 12:59pm 12:59pm 1:00pm 1:02pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 261 Test Date: 03/18/2010 Test Time: 1:03pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:04pm 1:04pm 1:04pm 1:04pm
BT	Pass	1:04pm

## Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	1 • 05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:05pm

Preventive Maintenance Status: Pass

Pass

CAL

1:05pm

**Analyst** 

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

County //	AKE		Instrum			JAKE COUNTY
Instrument Serial	No	8937		IP-BA	7/-	Unit910
The preventive m four months are:	naintenance	procedures fo	r the Intoximeters	, Model Intox	EC/IR	II to be followed at least once every
1.			nister displays pros. 2 degree centig		lcoholi	c breath simulator thermometer shows
2.	Verify instr	ument display	ys time and date;			
3.	Initiate brea	ith test seque	nce;			
4.	Enter infor	nation as pro	mpted;			
5.	Verify instr	ument accura	cy;			
6.	When "PLI	EASE BLOW	" appears, collect	breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print test record;					
9.	Verify Diag	nostic Progra	ım; and			
10.	Verify that simulator so whichever	olution is bein	as canister is being changed every	g changed befo four months or	ore exp r after 1	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures were	performed o	n the instrume	ent indicated above, and the instrume	e, in accordan	ice with	the forgoing preventive maintenance a current regulations of the N.C. perly.
APRIL 12. UTD.  APRIL 12. UTD.	A CAROLINA		Simples of Co	HISTORY OF THE	مريميني	Certificate Number
			Signature of Ce	rutying Officia	ai	Certificate Number

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Date: 03/15/2010

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: 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: AG14002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:22pm 3:24pm 3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Record Number: 215
Test Date: 03/15/2010 Test Time: 3:38pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

#### Printer Tests

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

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County	ANDOLPH Instrument Location RANDOLPH Co. JAIL
Instrument Seria	INO. 008860 Asheboro 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 t procedures were Department of H	he 17 day of MARCH, 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE O'N.  STATE	Signature of Certifying Official Certificate Number

## RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Date: 03/17/2010

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: 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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:35pm 12:36pm 12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Record Number: 650 Test Date: 03/17/2010 Test Time: 12:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:50pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County/	RANDOLPH Instrument Location ANDOCPH Co. JAIL
Instrument Ser	rial No. <u>DO8899</u> <u>ASHEBORO</u> NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the
OF ME STATE OF OWN 1720-1772	Signature of Certifying Official Certificate Number

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 03/17/2010

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: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:38pm 12:39pm 12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

## RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 760 Test Date: 03/17/2010 Test Time: 12:47pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County O	Tange Instrument Location BAT Webile Unit 4
Instrument Se	erial No. <u>008734</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OVER STATE OF THE STATE O	Signature of Certifying Official Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008734 Test Date: 03/16/2010 Test Record Number: 328 Test Time: 11:37pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008734 Test Date: 03/16/2010

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: AG920302 Exp Date: 07/22/2011

'l'est	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:29pm 11:30pm 11:31pm 11:32pm 11:32pm 11:33pm
SUB TEST	.00	11:35pm
ATR BLK	. 00	11:36pm

~ / O 1 O T

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 💍	manage Instrument Location BAT Mobile UNITY
Instrument Se	rial No. <u>008871</u>
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that of procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008871 Test Record Number: 228
Test Date: 03/16/2010 Test Time: 11:16pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	11:17pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ORANGE COUNTY BAT MOBILE UNIT 4 670

Serial Number: 008871 Test Date: 03/16/2010

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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	11:09pm 11:10pm
ACCY CHK	.07	11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:14pm
ATR BLK	.00	11:15pm

Reported AC: .00 g/210L

Trushell on Signature of Chemical Analyst

Court CVR

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

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008647</u>		BAT MOBILE UNIT 3 HIGH POINT, NC
The prevent		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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	G
7.	When "PLEASE BLOW" ap	pears, collect breath sample	3
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures	t on the <u>05</u> day of <u>M</u> were performed on the instrument in of Health and Human Services, and	ndicated above, in accordan-	10 the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STALE ON THE CAREATOR	CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAROLINI CAR		
ESSE QUAM	VIDEN & Cilin	Ray Bame	<u> </u>
	Sig	nature of Certifying Officia	al Certificate Number

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647 Test Date: 03/05/2010

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

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

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

Analyst's Name: 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 .08	11:11pm 11:12pm 11:13pm
AIR BLK	.00	11:14pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:15pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008647 Test Record Number: 714
Test Date: 03/05/2010 Test Time: 11:18pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19pm 11:19pm

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD	Instrument Location	BAT MOBILE UNIT 3
Instrument Se	erial No. <u>008616</u>		HIGH POINT NC
The preventive four months a	<u>-</u>	Intoximeters, 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		Icoholic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures we	n the <u>05</u> day of <u>Marketer</u> performed on the instrument ind FHealth and Human Services, and t	icated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
STATE OF THE STATE	A CAROLINA C		
STATE OLIMANDE	_ alum K	ature of Certifying Official	648
	Sign	ature of Certifying Official	Certificate Number

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

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Date: 03/05/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:09pm
AIR BLK	.00	10:10pm
ACCY CHK	.07	10:11pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Record Number: 749
Test Date: 03/05/2010 Test Time: 10:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:16pm 10:16pm
FC	Pass	10:16pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	10:17pm 10:17pm

Preventive Maintenance Status: Pass

Analyst

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

County	ME	CK	LEN	BURG	•	Instrume	nt Location	BA	TM	BILE	UNIT S
Instrumen	nt Serial	No.	00	08610	, o			CH	IAR LO	TIE, F	DUIT B
The preve		ainte	nance p	procedures f	for the Int	oximeters,	Model Intox	x EC/IR	II to be fol	lowed at le	ast once every
		Veri 34 d	fy the e egrees,	thanol gas plus or min	canister d nus .2 deg	isplays pres ree centigra	sure, or the de;	alcoholi	ic breath si	mulator the	ermometer show
2.		Veri	fy instr	ument disp	lays time	and date;					
3.		Initi	ate brea	ith test sequ	ience;						
4.		Ente	er inforr	nation as pi	rompted;						
5.		Veri	fy instr	ument accu	ıracy;						
6.		Whe	en "PLE	EASE BLO	W" appea	ars, collect	oreath samp	ole;			
7.		When "PLEASE BLOW" appears, collect breath sample;									
8.		Print test record;									
9.		Verify Diagnostic Program; and									
10.		simi	ilator so	the ethanol olution is be occurs first.	eing chan	ter is being ged every f	changed be our months	efore exp or after	oiration dat 125 Alcoh	e, or the al olic Breath	coholic breath Simulator tests,
I certify t procedure Departme	hat on t es were ent of H	he perfo ealth	// rmed or and Hu	day of n the instru man Servic	MA ment indi- ces, and th	RCH cated above the instrume	, 20 e, in accordant is function	0 10 ance wit oning pro	the forgo h current ropperly.	ing prevent egulations	tive maintenance of the N.C.
GREAT SE	TATE OF NO. 175	CAROLINA TOTAL		alı	u Ka	in Beature of Cer	<del>دری</del> tifying Offi	īcial			48 cate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 03/11/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:20pm 11:21pm 11:22pm 11:22pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 754
Test Date: 03/11/2010 Test Time: 11:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:28pm
FLO	Pass	11:28pm
FC	Pass	11:28pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:28pm
SRC	Pass	11:28pm
DET	Pass	11:28pm
BAR	Pass	11:28pm
BT	Pass	11:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:29pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm
	CRC Tests	
Test	Status	Time

COMP	Pass	11:29pm
CAL	Pass	11:29pm

Preventive Maintenance Status: Pass

Analyst

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

County	MECKLENBURG	Instrument Location	BAT MOBILE UNIT	- 3
Instrument	Serial No. <u>008707</u>		CHARLOTTE, DC	
The preven		e Intoximeters, Model Into	ox EC/IR II to be followed at least onc	e every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the degree centigrade;	e alcoholic breath simulator thermome	eter shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath samp	ple;	
7.	When "PLEASE BLOW" ap	opears, collect breath samp	ple;	
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.	anister is being changed be nanged every four months	efore expiration date, or the alcoholic or after 125 Alcoholic Breath Simula	breath ator tests,
I certify that procedures Department	at on the	NARCH, 2 ndicated above, in accord d the instrument is function	the forgoing preventive mailance with current regulations of the Noning properly.	intenance I.C.
VATIO SECTION OF SECTI	JE O NO PARA DE LA CARROLLA DEL CARROLLA DEL CARROLLA DE LA CARROL	Ry Bous	648	
	Si	gnature of Certifying Offi	icial Certificate Nur	mber

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 03/11/2010

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

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

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

Analyst's Name: 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	Pass .00 .08 .00 .00 .00	11:36pm 11:37pm 11:38pm 11:39pm 11:40pm 11:42pm
AIR BLK	.00	11:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 518
Test Date: 03/11/2010 Test Time: 11:44pm EST

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45pm 11:45pm

Preventive Maintenance Status: Pass

Ånalyst

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

County M	ECKLENBURG	Instrument Location_	BAT MOBILE UNIT 3
	rial No. <u>008647</u>		CHARLOTTE, NC
The preventiv four months a	re:		EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath samp	ie;
7.	When "PLEASE BLOW" a	ppears, collect breath samp	le;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed be hanged every four months	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures W	on the day of ere performed on the instrument of Health and Human Services, ar	indicated above, in accord	the forgoing preventive maintenance with current regulations of the N.C. ning properly.
OR IT STATE	Cluy	Ry Baur	S 648  Cial Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 03/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

^LAnalyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 717
Test Date: 03/11/2010 Test Time: 11:38pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:38pm
SRC	Pass	11:38pm
DET	Pass	11:38pm
BAR	Pass	11:38pm
BT	Pass	11:38pm
1. ·	1 46 6	

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Rg Bans
Analyst

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

County	DAVIDSON Instrument Location BAT MOBILE UNIT 3
Instrumen	at Serial No. 008616 LEXINGTON, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the 13 day of MARCH, 2010 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
A CHARLES TO THE STATE OF THE S	ATE OF MORE
ABUTUTATION OF THE PARTY OF THE	alu Ry Banes 648
	Signature of Certifying Official Certificate Number

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

#### DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Date: 03/13/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:24pm 10:25pm 10:26pm 10:27pm 10:27pm 10:28pm 10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Barro Analyst

#### DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Record Number: 765 Test Date: 03/13/2010 Test Time: 10:31pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

#### Printer Tests

Status

PRNT	Pass	10:32pm
	CRC Tests	·
Test	Status	Time
COMP	Pass	10:32pm

Time

10:32pm

Preventive Maintenance Status: Pass

Pass

Test

CAL

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

County_	LYAKE	Instrumer	nt Location	CCBI	••••·		
Instrume	nt Serial No. <u>00 8816</u>	330 S	S. SALI	SZURY	ST,	PALEIGH	<u> </u>
The prev	entive maintenance procedures for the this are:	Intoximeters, N	Model Intox E	C/IR II to be	e followe	d at least once ev	ery
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d			coholic brea	th simula	tor thermometer s	shows
2.	Verify instrument displays tim	ne and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted	<b>d</b> ;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" app	pears, collect b	reath sample;				
7.	When "PLEASE BLOW" app	ears, collect b	reath 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.	nister is being of anged every fo	changed befor ur months or	re expiration after 125 Al	date, or coholic I	the alcoholic brea Breath Simulator t	ith ests,
procedur	that on the day of^^ es were performed on the instrument in ent of Health and Human Services, and	dicated above.	, in accordanc	e with curre	orgoing p ent regula	reventive maintentions of the N.C.	ance
COREATOR STATE	C C C C C C C C C C C C C C C C C C C			_			
A CASE	QUAM VIDEO A	100	morric_			652	
	Sig	mature of Cert	ifying Officia	al .	C	ertificate Number	ŗ

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

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 03/11/2010

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

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

Analyst's Name:
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	Pass .00 .08 .00 .00	11:33am 11:34am 11:35am 11:36am 11:37am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC: .00 g/210th

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 2636
Test Date: 03/11/2010 Test Time: 11:43am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:43am
FLO	Pass	11:43am
FC	Pass	11:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test

Status

Time

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

Preventive Maintenance Status: Pass

Analyst

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

The preventive m	aintenance procedures for the In		Andal Intox EC/IR II		MC
		toximeters, N	Andal Intov EC/IR II		
four months are:			viodel intox EC/IR II	to be follow	ed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg			breath simul	ator 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 b	reath sample;		
7.	When "PLEASE BLOW" appe	ars, collect b	reath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	l			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being oged every fo	changed before expir ur months or after 12	ation date, or 5 Alcoholic	r the alcoholic breath Breath Simulator tests,
procedures were	e day of / A day of /	icated above,	in accordance with o	current regul	preventive maintenance ations of the N.C.
of the STATE of NO.  Of the ST	Sign	ature of Cert	ifying Official		Certificate Number

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

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 03/04/2010

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

Officer's Name: NONE, NONE N
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	Pass .00 .08	1:34pm 1:35pm 1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

#### CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Record Number: 513 Test Date: 03/04/2010 Test Time: 1:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:43pm

Preventive Maintenance Status: Pass

Pass

CAL

1:43pm

Analyst

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

County	WAKE Instrument Location CCBI
Instrument Ser	ial No. <u>008686 330 S. SALISBURY</u> ST., RALDGH NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>08</u> day of <u>1920 H</u> , 20 <u>10</u> 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.
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.

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 03/08/2010

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 State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:24pm
AIR BLK	.00	1:25pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
ATP BLK	0.0	1 · 31 mm

Reported7AC: .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

#### WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 1810 Test Date: 03/08/2010 Test Time: 1:38pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:39pm 1:39pm
FC	Pass	1:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

rest	Status	rime
AIR	Pass	1:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst

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

,	// INTOXIMET	CERS, MODEL INTOX EC/IR II
County $\xi$	NDEZ	Instrument Location Perudent County
Instrument Ser	rial No	Instrument Location Perudent County  Shoulds Dept Annuex
The preventive four months ar	<u>-</u>	e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays t	ime and date;
3.	Initiate breath test sequence	;
4.	Enter information as promp	ted;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	ppears, collect breath sample;
7.	When "PLEASE BLOW" a	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.		anister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures were Department of	n the day of re performed on the instrument Health and Human Services, ar	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
OT THE STATE OF THE 12 DE STATE	CORNEL CAROLINA	Alony/Cure 10 634

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

Signature of Certifying Official

Certificate Number

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 03/03/2010

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	4:50pm
AIR BLK ACCY CHK	.00	4:51pm 4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:53pm
AIR BLK	.00	4:54pm
SUB TEST	.00	4:56pm
ATR BLK	.00	4:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 272
Test Date: 03/03/2010 Test Time: 4:59pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:00pm

#### 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

Analyst

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

County	NDER	Instrument Location_	PENDER	2 County
Instrument Seria	al No		Bhen 14	LDy.H
The preventive i		r the Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	unister displays pressure, or the a s .2 degree centigrade;	lcoholic breath s	imulator thermometer show
2.	Verify instrument display	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 breath sample	;	
7.	When "PLEASE BLOW	" appears, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Progra	ım; and		
10.		as canister is being changed befo ng changed every four months or		
	performed on the instrume	ent indicated above, in accordance, and the instrument is functioning	ce with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF ANY 20, 1772 AND ANY 20, 1772 ANY 20	SPIIII CAROLINA	Signature of Certifying Officia		Certificate Number

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

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 03/03/2010

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

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

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

~ / 21 AT

Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 529
Test Date: 03/03/2010 Test Time: 3:57pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

#### Blank Tests

Test	Status	Time
ΔΤΡ	Pass	3 · 58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:58pm

Pass

3:58pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Duplin Insti	rument Location <u>Walla</u>	ce
Instrument	Serial No. <u>8858</u>	POLICE	Dept.
The preven	ntive maintenance procedures for the Intoximeters are:	ters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen		imulator thermometer shows
2.	Verify instrument displays time and date	te;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coll	ect breath sample;	•
7.	When "PLEASE BLOW" appears, coll	lect breath sample;	,
8.	Print test record;		
9.	Verify Diagnostic Program; and	\$	
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.		
	at on theday ofday of		ing preventive maintenance egulations of the N.C.
STATE OF STA	Signature of	M// / / / / / / / Certifying Official	634 Certificate Number

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 03/03/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	2:54pm
AIR BLK	.00	2:56pm
ACCY CHK	.08	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:00pm
ATR BLK	. 00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiy

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858

Test Record Number: 272 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

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

County	y DupLin Instrument Location Wo	(Isaw)
Instrument	ment Serial No8874	usaw i Dept
The prever	reventive maintenance procedures for the Intoximeters, Model Intox EC/IR II toonths are:	to be followed at least once every
1.	<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic beautiful degrees, plus or minus .2 degree centigrade;</li> </ol>	reath simulator thermometer show
2.	<ol> <li>Verify instrument displays time and date;</li> </ol>	
3.	3. Initiate breath test sequence;	
4.	4. Enter information as prompted;	
5.	5. Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, collect breath sample;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;	
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	<ol> <li>Verify that the ethanol gas canister is being changed before expiral simulator solution is being changed every four months or after 125 whichever occurs first.</li> </ol>	
procedures	fy that on theday of, 20 the dures were performed on the instrument indicated above, in accordance with cutment of Health and Human Services, and the instrument is functioning proper	urrent regulations of the N.C.
GREAT SE	THE STATE OF THE S	634

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

Signature of Certifying Official

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 03/03/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:20pm 12:21pm 12:22pm 12:23pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 155 Test Date: 03/03/2010 Test Time: 12:29pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	l'ime
AIR	Pass	12:31pm

#### Printer Tests

Test

PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time

Status Time

1656	Scacus	TIME
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analyst

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

County D	uphin Instrument Location Duphin County
Instrument Seria	al No. 8864 Sherills Dept
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF NOTIFICATION OF STATE OF STA	Carthony June 634

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 03/03/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:30am 11:31am 11:32am
AIR BLK SUB TEST	.00 .00	11:33am 11:34am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 583 Test Date: 03/03/2010 Test Time: 11:38am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	

Test	Status	Time
		11:40am 11:40am

Preventive Maintenance Status: Pass

Analyst

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

County	Columbia Instrument Location (	Cohumbus County
Instrument Se	Serial No	Thends Dot
The preventive four months a	ntive maintenance procedures for the Intoximeters, Model Intox EC	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcommon 34 degrees, plus or minus .2 degree centigrade;	pholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.	
	at on theday of	with current regulations of the N.C.
THE STATE OF THE S		) 634

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

Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 03/02/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:27pm 2:28pm 2:28pm 2:29pm 2:30pm 2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 276
Test Date: 03/02/2010 Test Time: 2:34pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

#### Temperature Tests

Test	Status	Time	
FC1	Pass	2:34pm	
SRC	Pass	2:34pm	
DET	Pass	2:34pm	
BAR	Pass	2:34pm	
BT	Pass	2:34pm	

#### Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:35pm CAL Pass 2:35pm

Preventive Maintenance Status: Pass

_ ()

Analyst

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

County	Columbus	Instrument Location_	Cokumbus	County
Instrumen	it Serial No. 8375	<u>-</u>	Shereto D	rpt.
The preve	ntive maintenance procedures for the hs are:	Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of		alcoholic breath simulator	thermometer show
2.	Verify instrument displays ting	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	<b>;</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
procedures	nat on the day of s were performed on the instrument in nt of Health and Human Services, and		ce with current regulation	entive maintenance as of the N.C.
THE GREAT STATES OF STATES	ATE On NO PARTIES OF THE CARDINA WAT WINDS	Albany P	i. Neta- 1	534

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

Signature of Certifying Official

Certificate Number

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 03/02/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:25pm 2:26pm
ACCY CHK AIR BLK	.08 .00	2:27pm 2:28pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 380 Test Time: 2:33pm EST Test Date: 03/02/2010

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
ATR	Pass	2 · 34 mm

#### Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC Instrument Location County Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 03/02/2010

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:00pm 1:01pm 1:02pm 1:03pm 1:03pm 1:04pm
SUB TEST	.00	1:06pm
ATR RIK	. 0.0	1:070m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 197
Test Date: 03/02/2010 Test Time: 1:08pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

## Blank Tests

Test	Status	Time
ΔTR	Pass	1 + 0 9 m

## Printer Tests

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

Test	Status	TIME
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

Amalyst

PREVENTIVE MAINTENANCE RECORD

County	SLADEN	Instrument Location	BLADEN	County
Instrument Ser	rial No <i>88/8</i>	Instrument Location	Shen 14	Dept.
The preventive four months ar	e maintenance procedures for the	Intoximeters, Model Intox I	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		lcoholic breath simulat	tor 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	pears, collect breath sample	;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	•	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			
I certify that or procedures we Department of	n the day of re performed on the instrument in Health and Human Services, and	ndicated above, in accordance of the instrument is functioning	the forgoing proce with current regulating properly.	eventive maintenance ions of the N.C.
STATE OF THE STATE	En levi	Anough to gnature of Certifying Officia	) Wal Ce	034

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 03/02/2010

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:59pm 1:00pm 1:01pm 1:02pm 1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:05pm
ATR BLK	.00	1:06pm

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 305 Test Date: 03/02/2010 Test Time: 1:07pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:08pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

Anal√st

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

County	um,250x1	Instrument Location_	Sampson	Course
Instrument Seria	ıl No. <u>3825</u>		Shirle	<u>Dyt.</u>
The preventive r	_	for the Intoximeters, Model Intox E	EC/IR II to be followed at	least once every
1.		canister displays pressure, or the al- us .2 degree centigrade;	coholic breath simulator	thermometer shows
2.	Verify instrument displ	ays time and date;		
3.	Initiate breath test sequ	ence;		
4.	Enter information as pr	ompted;		
5.	Verify instrument accur	racy;		
6.	When "PLEASE BLOV	W" appears, collect breath sample;		
7.	When "PLEASE BLOV	N" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Prog	ram; and		
10.		gas canister is being changed befor ing changed every four months or		
	performed on the instrum	nent indicated above, in accordances, and the instrument is functionin	e with current regulations	ntive maintenance s of the N.C.
STATE OF NO. 175 S. N.	OR III CAROUNA	n Hicara Rik		34

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

Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 03/02/2010

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

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

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

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

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

## SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 750 Test Date: 03/02/2010 Test Time: 12:00pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:01pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm 12:01pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

Analyst

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

County S	2mp50N	Instrument Location Sampson	County
Instrument Seria	I No	Instrument Location Sampson Shundh	Dept.
The preventive r four months are:	•	oximeters, Model Intox EC/IR II to be follow	/ed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath simu	lator 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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration date, or ed every four months or after 125 Alcoholic	
	performed on the instrument indic	ated above, in accordance with current regules instrument is functioning properly.	preventive maintenance ations of the N.C.
THE STATE OF NO.	TO THE CAROLINA OF THE PARTY OF	out token	634

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

Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 03/02/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:50am 11:51am 11:51am 11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
ATR BLK	. 0.0	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 386
Test Date: 03/02/2010 Test Time: 11:57am EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
m	Chohua	mi ma

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance

Status: Pass

Analyst/

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

County Ale	xander Instrument Location Alexander County 50
Instrument Seria	11No. 008813 29 W. Main Avenue Taylorsville 828-632-4658
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.
procedures were	the 24th day of March, 2010 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 GUANTIDES STATE OF NO. 12 THE CONTROL OF THE CO	Septet Hutter Company Continues Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 03/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK	Pass .00 .08 .00 .00	12:07pm 12:08pm 12:09pm 12:10pm 12:11pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 509 Test Date: 03/24/2010 Test Time: 12:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC DET	Pass Pass	12:17pm 12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:18pm 12:18pm

Preventive Maintenance Status: Pass

Analyst

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

County Cal	Darrus Instrument Location Cabarrus County SD
Instrument Seria	II No. 008590 30 Corban Ave, Concord
	704 - 920 - 3000
The preventive a 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 16th day of Mach, 2010 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. dealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A STAT	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 03/16/2010

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: 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	Pass .00 .07 .00	9:45am 9:46am 9:46am 9:47am <b>9:49am</b>
AIR BLK SUB TEST	.00	9:49am 9:52am
AIR BLK	.00	9:53am

.00 g/210L Reported AC:

nature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 988
Test Date: 03/16/2010 Test Time: 9:54am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54 <b>am</b>
DET	Pass	9:54am
BAR	Pass	9:54am
$\mathtt{BT}$	Pass	9:54am

#### Blank Tests

Test	Status	Time
ATR	Pass	9:55am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55am 9:55am

Preventive Maintenance Status: Pass

Analyst

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

County Co.	bacrus Instrument Location Kannapolis PD		
Instrument Seria	1No. 008589 314 S. Main Street, Kann-bolis		
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	he <u>35 th</u> day of <u>Mach</u> , 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.		
OF HE STATE OF NO.	Signature of Certifying Official Certificate Number		

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 03/25/2010

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: 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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:51am 10:52am 10:53am 10:54am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 931 Test Date: 03/25/2010 Test Time: 11:03am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05am 11:05am

Preventive Maintenance Status: Pass

Analyst

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

County	Cabacrus Instrument Location Cabacrus County 50		
Instrument	t Serial No. 008792 30 Corban Ave SE, Concord		
	704-920-3000		
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 show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures	at on the <u>35 H</u> day of <u>March</u> , 20 <u>10</u> the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.		
SIN	Signature of Certifying Official Certificate Number		

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 03/25/2010

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

10/01/2009-10/01/2011

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

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

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

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

## CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 132
Test Date: 03/25/2010 Test Time: 10:16am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	10:18am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:18am

CAL

Analyst