PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	wain	Instrument Location Cher	dere PD
Instrument S	erial No. <u>OO 8782</u>	Cherokee, N	
The preventi		ntoximeters, Model Intox EC/IR II to	be followed at least once every
y was	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath 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 garage	
10.		ister is being changed before expirati nged every four months or after 125	
		dicated above, in accordance with curthe instrument is functioning properly	
CALL STATE OF THE CORE AT 12.5 C. MAY 12.5 I. MAY 12.5	O NORW CAROUN SECTION OF THE SECTION	AR Culto-	Certificate Number
	Sigi	iature of Certifying Official	Cermicate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 05/27/2010

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: CUTLER, DANIEL R Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:43pm
ACCY CHK	.08	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 357 Test Date: 05/27/2010 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

Test	Status	Time
FC1	Pass	2:49pm
SRC	Pass	2:49pm
DET	Pass	2:49pm
BAR	Pass	2:49pm
BT	Pass	2:49pm

Blank Tests

Test	Status	TIME
AIR	Pass	2:50pm

Printer Tests

rest	Status	TTIIIE
PRNT	Pass	2:50pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:50pm
CAL	Pass	2:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Clay	Instrument Location C	lay Ca. Jail	
Instrume	ent Serial No. <u>00 86 08</u>	Hayesville,	NC	
	ventive maintenance procedures for the Ir nths are:	atoximeters, Model Intox EC	C/IR II to be followed at least once every	
gen .	. Verify the ethanol gas canister 34 degrees, plus or minus .2 de		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" appe	When "PLEASE BLOW" appears, collect breath sample;		
7.	. When "PLEASE BLOW" appe	When "PLEASE BLOW" appears, collect breath sample;		
8.	. Print test record;			
9.	. Verify Diagnostic Program; and	i		
10.			expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,	
I certify procedu Departm	that on the 2 7 day of Monares were performed on the instrument indinent of Health and Human Services, and t	icated above, in accordance he instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.	
M. GREATS	STATE ON NOTIFICATION OF THE STATE OF THE ST	K. Path	635	
		ature of Certifying Official	Certificate Number	

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 05/27/2010

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 687 Test Date: 05/27/2010 Test Time: 12:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

Printer Tests

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

12:33pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	rakarn	Instrument Location Gra	ham Co.S.D.
Instrument Se	rial No. <u>008683</u>	Robbinsville,	NC
The preventiv		Intoximeters, Model Intox EC/IR II	to be followed at least once every
çon .	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expira anged every four months or after 12	
procedures we	ere performed on the instrument in	dicated above, in accordance with c the instrument is functioning prope	urrent regulations of the N.C.
THE STATE OF THE S	NO CAROLINI	I K. Cuth	635
	Sig	nature of Certifying Official	Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683 Test Date: 05/10/2010

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:00pm 12:01pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683 Test Record Number: 550 Test Date: 05/10/2010 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:07pm 12:07pm 12:07pm 12:07pm 12:07pm
D 1	1 400	22.07Pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

,	Test	Status	Time
	PRNT	Pass	12:08pm
	CF	RC Tests	
	Test	Status	Time
	COMP CAL	Pass Pass	12:08pm 12:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County // gy	/
Instrument Seria	No. <u>008714</u> Waynesuille, NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
proved .	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;
б.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF A STATE O	Equil R. Cith

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

Signature of Certifying Official

Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 05/03/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:49pm 5:49pm
ACCY CHK AIR BLK	.08	5:50pm 5:51pm
SUB TEST AIR BLK	.00	5:51pm 5:52pm
SUB TEST AIR BLK	.00 .00	5:54pm 5:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Test Record Number: 449 Serial Number: 008714 Test Date: 05/03/2010 Test Time: 5:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:55pm
FLO	Pass	5:55pm
FC	Pass	5:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:56pm
SRC	Pass	5:56pm
DET	Pass	5:56pm
BAR	Pass	5:56pm
BT	Pass	5:56pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:56pm 5:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hays	wood Instrument Location Haywood Ca. Jail		
Instrument Seria	INO. 008712 Waynesville, NC		
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the		
OF STATE OF A STATE OF	Signature of Certifying Official Certificate Number		

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 05/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:09pm 5:09pm 5:10pm 5:11pm 5:11pm
AIR BLK SUB TEST AIR BLK	.00 .00	5:12pm 5:14pm 5:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

' Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 789
Test Date: 05/03/2010 Test Time: 5:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:16pm
FLO	Pass	5:16pm
FC	Pass	5:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:16pm
SRC	Pass	5:16pm
DET	Pass	5:16pm
BAR	Pass	5:16pm
BT	Pass	5:16pm

Blank Tests

Test	Status	Time
AIR	Pass	5:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:17pm
	~~~ ~	

#### CRC Tests

Test S	Time
	5:17pm 5:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 285 Test Date: 05/28/2010 Test Time: 12:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:25am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:25am

Preventive Maintenance Status: Pass

Pass

12:25am

CAL

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 05/28/2010

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: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:16am 12:17am 12:17am 12:18am 12:19am
AIR BLK	. 00	12;20am
SUB TEST	.00	12:21am
AIR BLK	.00	12:22am

Reported AC: .00 g/270L

Signature of Chemical Analyst

Court CVR

Amalyst

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

County	CABA	RRUS	Insti	ument Location_	BAT MOBILE UNIT 3
Instrument	Serial No.	00861	, e		CONCORD, NC
The prevent		enance procedures	s for the Intoximet	ers, Model Intox	EC/IR II to be followed at least once every
1.			s canister displays inus .2 degree cen		lcoholic breath simulator thermometer show
2.	Ver	ify instrument dis	plays time and dat	e;	
3.	Initi	iate breath test sec	quence;		
4.	Ente	er information as	prompted;		
5.	Ver	ify instrument acc	uracy;		
6.	Whe	en "PLEASE BLO	OW" appears, coll	ect breath sample	· •
7.	Who	en "PLEASE BLO	OW" appears, coll	ect breath sample	
8.	Prin	at test record;			
9.	Ver	ify Diagnostic Pro	gram; and		
10.	simi		eing changed eve		re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures	were perfo		ument indicated al	ove, in accordant	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
AND SECTION OF SECTION	NE OF NORTH CAROLIN	a	Luc Ray S	Bans	Lo48
			Signature of	Certifying Officia	l Certificate Number

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 05/22/2010

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:01pm 3:02pm
ACCY CHK AIR BLK	.07 .00	3:03pm 3:03pm
SUB TEST	.00	3:04pm
AIR BLK SUB TEST	.00 .00	3:05pm
AIR BLK	.00	3:06pm 3:07pm
		J.,

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 814
Test Date: 05/22/2010 Test Time: 3:08pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	mq80:E
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	mqe0:6

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:09pm 3:09pm

Preventive Maintenance Status: Pass

Analyst

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

County	CABARRUS	Instrument Location	BATMOBILE	UNIT 3
Instrument Seri	ial No. <u> </u>		CONCORD, NO	
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox E	C/IR II to be followed at least of	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alogree centigrade;	coholic breath simulator thermo	ometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan, whichever occurs first.	ter is being changed beforged every four months or a	e expiration date, or the alcoho after 125 Alcoholic Breath Sim	lic breath ulator tests,
I certify that on procedures were Department of I	the <u>JJ</u> day of <u>MJ</u> e performed on the instrument indi Health and Human Services, and th	cated above, in accordance instrument is functioning	the forgoing preventive ne with current regulations of the g properly.	naintenance e N.C.
ORE AT THE CARE AT		Cy Bandalitude of Certifying Official	Lo 48 Certificate N	

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 05/22/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:10pm 3:11pm
ACCY CHK AIR BLK	.08 .00	3:12pm 3:13pm
SUB TEST	.00	3:13pm
AIR BLK SUB TEST	.00 .00	3:14pm 3:16pm
AIR BLK	.00	3:10pm 3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ry Ban &

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 766
Test Date: 05/22/2010 Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:23pm 3:23pm

Preventive Maintenance Status: Pass

Analyst

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

County C	ABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument Seria	al No. <u>008707</u> <u>CONCURD, NC</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the <u>JJ</u> day of <u>MAY</u> , 20 <u>/O</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE ON THE STATE OF THE S	Signature of Certifying Official Certificate Number

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 05/22/2010

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:29pm 3:30pm 3:31pm 3:32pm 3:32pm 3:33pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Number: 550 Test Date: 05/22/2010 Test Time: 3:39pm 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	3:40pm
SRC	Pass	3:40pm
DET	Pass	3:40pm
BAR	Pass	3:40pm
BT	Pass	3:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	IREDELL	Instrument Location_	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008614</u>	Activities	BAT MOBILE UNIT 3 MOCRESVILLE, NC
The prevent four months		e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the a	slcoholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	· ,
7.	When "PLEASE BLOW" ap	pears, collect breath sample	,
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	t on the <u>31</u> day of <u>Wi</u> were performed on the instrument in of Health and Human Services, and	nuncated above, in accordant	the forgoing preventive maintenance be with current regulations of the N.C. and properly.
MATERIAL SERVICE SERVICES SERV	TO SA CORD		
AND GIVEN	alm h	cy Bans	648
	Sig	gnature of Certifying Officia	Certificate Number

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 05/21/2010

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

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

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

Analyst's Name: 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	10:28pm 10:29pm 10:29pm 10:30pm 10:31pm 10:32pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm 10:34pm
KAMEL PILIX	.00	TO.245m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Record Number: 809
Test Date: 05/21/2010 Test Time: 10:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:35pm
FLO	Pass	10:35pm
FC	Pass	10:35pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:35pm
SRC	Pass	10:35pm
DET	Pass	10:35pm
BAR	Pass	10:35pm
BT	Pass	10:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:36pm 10:36pm

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE Instrument Location SHP BAT MOBILE
Instrument Se	erial No. 008939 RALEICH, NC
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF THE STATE	Alu Ray Bano 648 Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY SHP BATMOBILE UNIT 910

Serial Number: 008929 Test Date: 05/21/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	10:26am 10:27am
ACCY CHK	.08	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ry Bans Analyst

#### WAKE COUNTY SHP BATMOBILE UNIT 910

Serial Number: 008929 Test Record Number: 243
Test Date: 05/21/2010 Test Time: 10:33am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	PRNETT Instrument Location DONN
Instrument Seria	al No. 608644 Block Dept  DONN NORTH CAROLINE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the // day of
A STATE OF S	CAROLL

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 05/18/2010

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	Pass .00 .08	2:51pm 2:52pm 2:53pm
AIR BLK	.00	2:54pm
SUB TEST AIR BLK	.00 .00	2:54pm 2:55pm
SUB TEST	.00 .00	2:57pm 2:57pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

#### HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 711
Test Date: 05/18/2010 Test Time: 2:58pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County	100RE	Instrument Location	offerd thes	
Instrument Seria	al No. <u>208720</u>	Blice	Dept.	
The preventive four months are		toximeters, Model Intox EC/IR	II to be followed at least once every	
geo.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholigree centigrade;	c breath simulator thermometer shows	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before exp nged every four months or after	iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,	
procedures wer	the A day of MA e performed on the instrument ind Health and Human Services, and t	licated above, in accordance with	the forgoing preventive maintenance a current regulations of the N.C. perly.	
THE STATE OF THE S	NORTH CAROLINA **	nature of Certifying Official	Certificate Number	

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 05/24/2010

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: 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	Pass	1:48pm
AIR BLK	.00	1:49pm
ACCY CHK	.07	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 405 Test Date: 05/24/2010 Test Time: 2:11pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

## Blank Tests

Test	Status	Time
ATR	Pass	2 · 1 3 mm

## Printer Tests

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

1000	Deacab	11110
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance Status: Pass

Analyst

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

County	MODRE Instrument Location True Hurst		
Instrument Se	erial No. OO 8710 FOLICE Dept.		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermemeter should degree, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.		
procedures w	on the		
AMERICAN SERVICE SERVI	Signature of Certifying Official Certificate Number		

MOORE PINEHURST PD. 620

Serial Number: 008710 Test Date: 05/03/2010

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: 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	Pass	2:31pm 2:32pm
ACCY CHK	.07	2:33pm
AIR BLK SUB TEST	.00 . <b>00</b>	2:33pm 2:34pm
AIR BLK SUB TEST	.00 . <b>00</b>	2:35pm 2:36pm
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNE SON

#### MOORE PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 421 Test Date: 05/03/2010 Test Time: 2:38pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:39pm 2:39pm
FC	Pass	2:39pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:40pm
CAL	Pass	2:40pm

Preventive Maintenance Status: Pass

Analyst

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

County_	800	10mbe Instrument Location Buncombe Co.	Table 1
Înstrume	ent Serial N	No. 008697 Asheville, NC	anny ang katalah da ka
	ventive ma	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on	се ечегу
govered .		Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermony 34 degrees, plus or minus .2 degree centigrade;	neter shows
2		Verify instrument displays time and date;	
3	. ]	Initiate breath test sequence;	
4	·. ]	Enter information as prompted;	
5	j.,	Verify instrument accuracy;	
6	<b>.</b>	When "PLEASE BLOW" appears, collect breath sample;	
7	1.	When "PLEASE BLOW" appears, collect breath sample;	
8	3,	Print test record;	
9	<b>)</b> .	Verify Diagnostic Program; and	
10		Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simu whichever occurs first.	c breath lator tests,
procedu	ures were p	the	aintenance N.C.
THE CREAT SEA	HE STATE OF NO.	Signature of Certifying Official Certificate N	<i>a</i> umber

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 05/27/2010

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 970 Test Date: 05/27/2010 Test Time: 11:27am EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:27am 11:27am 11:27am 11:27am 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

Analyst

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

County_	Buncombe Instrument Location Buncombe Co. Jail
Instrume	nt Serial No. <u>DO 8798</u> <u>Asheville</u> AC
The pre-	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every oths are:
guax.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3	Initiate breath test sequence;
4	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
THE GREAT SE	STATE OF NORTH COUNTY TO STATE OF THE STATE
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 05/27/2010

Citation Number: M000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

## BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 1651 Test Date: 05/27/2010 Test Time: 11:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
$\mathtt{BT}$	Pass	11:26am

#### 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	11:27am 11:27am

Preventive Maintenance Status: Pass

Analyst

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

County_	Uncompe	Instrument Location	ombe Co. Sail
Instrument S	erial No. <u>008631</u>		wille, we
The preventifour months	•	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	ınd	
10.		nister is being changed before expira anged every four months or after 12	
procedures v		the instrument is functioning prope	
OKE STATION TO STATE OF THE STA	CONOCIAL CAROLINA CAR		649
	Sign	gnature of Certifying Official	Certificate Number

# BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 05/27/2010

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 1310 Test Date: 05/27/2010 Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

# Temperature Tests

Test	Status	Time
DO1	D	11.0Cam
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
$\mathtt{BT}$	Pass	11:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27am

#### Printer Tests

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

Pass 11:27am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County <u>Co</u>	Instrument Location Caldwell Co. Jail
Instrument Seri	al No. 008719 Legail 46
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
. bows	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 24 day of May , 20/0 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.
THE STATE ON THE STATE OF THE S	NORTH CAROLINA CAROLI
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 05/24/2010

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 589
Test Date: 05/24/2010 Test Time: 5:05pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	5:06pm
SRC	Pass	5:06pm
DET	Pass	5:06pm
BAR	Pass	5:06pm
BT	Pass	5:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

#### Printer Tests

Test

CAL

Status Time

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

Pass

Preventive Maintenance Status: Pass

Analyst

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

County	lion	Instrument	Location Union Co	ounty 5. D.
Instrument Seria	1No. <u>008866</u>	<u>3344</u> 704-	Presson Rd., 283-3770	Monroe
The preventive n	naintenance procedures for the	Intoximeters, Mo	odel Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			mulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>!</b> ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being che whichever occurs first.			
	the day of performed on the instrument in lealth and Human Services, and		accordance with current re	ng preventive maintenance gulations of the N.C.
THE CREATE OF A STATE	OS: W CAROLLINA		Wi Olis	557
	Sig	nature of Certify	ving Official	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 05/24/2010

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: WILLIS, BOBBY D Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	2:58pm 2:58pm 2:59pm
AIR BLK SUB TEST	.00	3:00pm 3:00pm
AIR BLK SUB TEST	.00	3:01pm 3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

## UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 594
Test Date: 05/24/2010 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:06pm

#### Printer Tests

Test

CAL

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

Status

Time

3:06pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	eveland	Instrument Location Kings	M+n. P. D.
Instrument Se	rial No. <u>008900</u>	112 S. Piedmont 1 704-734-0444	Ave., Kings NHn.
The preventive four months a		ne Intoximeters, Model Intox EC/IR II to be	followed at least once every
<b>I</b> .	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath 2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration d changed every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
	ere performed on the instrument	indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	CAROLIN	Roffee E. Willio	Account of the second of the s
	<u> </u>	Signature of Certifying Official	Certificate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 05/06/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .07	11:38am 11:38am 11:39am 11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Court CVR

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 213
Test Date: 05/06/2010 Test Time: 11:45am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
BT	Pass	11:46am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:46am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time

Pass 11:46am

11:46am

Preventive Maintenance Status: Pass

Pass

Analyst

COMP CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

	Ausswick Instrument Location Aunswick County
Instrument Seria	$R_{lon2}$
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of, 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.
THE STATE OF A CASE QUAM VICE A CASE QUA	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 05/27/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	7:23pm 7:24pm 7:25pm 7:26pm <b>7:26pm</b>
AIR BLK	.00	7:27pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 916
Test Date: 05/27/2010 Test Time: 7:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:31pm
FLO	Pass	7:31pm
FC	Pass	7:31pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:32pm
SRC	Pass	7:32pm
DET	Pass	7:32pm
BAR	Pass	7:32pm
BT	Pass	7:32pm

## Blank Tests

Test	Status	Time
ATR	Pass	7:32pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:32pm
	an a m	

## CRC Tests

Test	Status	Time
COMP	Pass	7:32pm
CAL	Pass	7:32pm

Preventive Maintenance

Status: Pass

Analyst |

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

County	Brunswick	Instrument Location	Brunsmic	1 Court
Instrument	Serial No. <u>3535</u>	<	Sheriks?	Dipt.
The prevent	tive maintenance procedures for s are:	the Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the a .2 degree centigrade;	lcoholic breath simulator	thermometer shows
2.	Verify instrument displays	s time and date;		
3.	Initiate breath test sequence	ce;		
4.	Enter information as prom	ipted;		
5.	Verify instrument accurac	у;		
6.	When "PLEASE BLOW"	appears, collect breath sample	;	
7.	When "PLEASE BLOW"	appears, collect breath sample	5	
8.	Print test record;			
9.	Verify Diagnostic Program	m; and		
10.		s canister is being changed before changed every four months or		
	at on the day of were performed on the instrument t of Health and Human Services,		ce with current regulation	entive maintenance as of the N.C.
WE GREAT SOLVE	NTE OF NORTH CAROLLING	Signature of Certifying Offici	al Cert	634 ficate Number

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 05/27/2010

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: 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: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	7:23pm 7:24pm 7:25pm 7:26pm <b>7:26pm</b> 7:27pm
SUB TEST	.00	7:29pm
ATR BLK	. 0.0	7:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 05/27/2010

Test Record Number: 1586

7/2010 Test Time: 7:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:32pm
FLO	Pass	7:32pm
FC	Pass	7:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	7:32pm
SRC	Pass	7:32pm
DET	Pass	7:32pm
BAR	Pass	7:32pm
BT	Pass	7:32pm

## Blank Tests

Test	Status	Time	
AIR	Pass	7:32pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:32pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:33pm
CAL	Pass	7:33pm

Preventive Maintenance Status: Pass

Analyst'

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

County /	BRUNSWICK	Instrument Location	021C/	Island
Instrument S	erial No. <u>8648</u>		Pakice	Dept
The preventi four months	ve maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	ılcoholic breath si	mulator thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	•		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	÷,	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	<b>;</b> ;	
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 befor hanged every four months or	ore expiration date rafter 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
	on theday of ere performed on the instrument of Health and Human Services, an		ce with current re	ng preventive maintenance gulations of the N.C.
THE STATE AND THE CHEAT OF THE	AAROUNI CAR	I Along Kent	) 210-	634
	S	ignature of Certifying Officia	al	Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 05/27/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:59pm
AIR BLK	.00	6:01pm
ACCY CHK	.08	6:01pm
AIR BLK	.00	6:02pm
SUB TEST	.00	6:03pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:05pm
AIR BLK	.00	mq30:3

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

# BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 636
Test Date: 05/27/2010 Test Time: 6:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:08pm 6:08pm
FC	Pass	6:08pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:08pm
SRC	Pass	6:08pm
DET	Pass	6:08pm
BAR	Pass	6:08pm
BT	Pass	6:08pm

## Blank Tests

Test	Status	Time	
ATR	Pass	mac0:6	

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	6:09pm
CAL	Pass	6:09pm

Preventive Maintenance Status: Pass

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

County	New Hanover	Instrument Location	Canokn	sa Beach
Instrumen	t Serial No. <u>866/</u>		PLICE	Dept.
The preve	ntive maintenance procedures for th	ne Intoximeters, Model Intox E	.C/IR II to be follo	wed at least once every
proved.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the ale degree centigrade;	coholic breath sim	ulator thermometer shows
2.	Verify instrument displays t	time and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as prompt	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 befor changed every four months or		
I certify the procedure Department	nat on the day of s were performed on the instrument nt of Health and Human Services, an	indicated above, in accordance and the instrument is functioning	the forgoing e with current reging properly.	g preventive maintenance ulations of the N.C.
THE CAREAT SECTION OF	(//\n^2	Alony Zeue		634
	S	Signature of Certifying Officia		Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 05/27/2010

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: 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: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:33pm 9:34pm 9:34pm 9:35pm 9:36pm 9:37pm 9:38pm
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 875
Test Date: 05/27/2010 Test Time: 9:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

# Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:42pm
CAL	Pass	9:42pm

Preventive Maintenance Status: Pass

Analyst

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

County	NEW HUNIOVER	Instrument Location_	BLICE Dep	E Beach
Instrume	nt Serial No. <u>8667</u>		POLICE Dep	2£ ·
The preve	entive maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		alcoholic breath simulat	tor thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	,		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	e;	
7.	When "PLEASE BLOW" a	ppears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		canister is being changed bef changed every four months o		
procedur	that on the day of day of es were performed on the instrument ent of Health and Human Services, and	maicated above, in accordan	the forgoing pr nce with current regulat ing properly.	eventive maintenance ions of the N.C.
HE GREAT SO.	STATE ON TO THE STATE OF THE ST	Signature of Certifying Office	velco	634 ertificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 05/27/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:56pm
AIR BLK	.00	3:57pm
ACCY CHK	.08	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 605 Test Date: 05/27/2010 Test Time: 4:05pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

#### 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	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance Status: Pass

Analyst |

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

County //	-w Harrovez	Instrument Location_	Williams	g Kont
Instrument Ser	~~ 		BLUE	Dept.
The preventive four months ar	e maintenance procedures for the In	stoximeters, Model Intox F	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the algree centigrade;	coholic breath simu	lator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	·	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	•	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed befo nged every four months or	ore expiration date, or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
procedures we	on the day of ere performed on the instrument inc f Health and Human Services, and t	licated above, in accordan	ce with current regu	preventive maintenance lations of the N.C.
THE CREAT SEA WAY NOT	Lux	Any Liveronature of Certifying Offici	al	634 Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 05/27/2010

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: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass	3:15pm
AIR BLK	.00	3:16pm
ACCY CHK	.08	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
ATR BLK	. 00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 1350 Test Date: 05/27/2010 Test Time: 3:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	'l'ıme
AIR	Pass	3:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:24pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:25pm
CAL	Pass	3:25pm

Preventive Maintenance Status: Pass

Analyst

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

County NE	WHANOVER Instrument Location NEW A	anover Count
Instrument Seria	11 No. 8626 Sterri	Lo Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be to	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	the	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 05/27/2010

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: 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: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:25pm 2:25pm 2:26pm 2:27pm 2:28pm 2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 2166
Test Date: 05/27/2010 Test Time: 2:32pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

Test

PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time

Status Time

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

Preventive Maintenance Status: Pass

Analyst

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

County	NEW HANOVER	_ Instrument Location NEW Ho	Nover Courty
Instrumer	at Serial No. 86/7	Shends	Dept.
The preve	· · · · · · · · · · · · · · · · · · ·	Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
general .	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breath s degree centigrade;	imulator thermometer show
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;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiration dan nanged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
procedur	that on theday of es were performed on the instrument i ent of Health and Human Services, and	1/24, 20/0 the forgo ndicated above, in accordance with current r d the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
CAREAT SET	STATE OF NORTH	thony Rules	634
	Si	ignature of Certifying Official	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 05/27/2010

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: 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: AGO03402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:25pm 2:25pm 2:26pm 2:27pm 2:27pm
SUB TEST	.00	-
AIR BLK	.00	2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 1296 

System Check: Passed

Baseline Tests

s Time
2:32pm 2:32pm 2:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
$\mathtt{BT}$	Pass	2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:33pm 2:33pm

Preventive Maintenance Status: Pass

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

County 9		Instrument Location <u>Penale</u>	
Instrument Seria	al No. <u>8948</u>	- Shen A	4 Dept. Anne
The preventive if four months are	maintenance procedures for the In	toximeters, Model Intox EC/IR II to be	followed at least once every
Process *	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expiration deged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures were	performed on the instrument indi-	the forg cated above, in accordance with current is functioning properly.	oing preventive maintenance regulations of the N.C.
ONE STATE ON NO. 1775	* CAROLLA CANALA	long Rivera	634
	Signa	ture of Certifying Official	Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 05/27/2010

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:56pm 12:57pm 12:57pm 12:58pm 12:59pm 1:00pm 1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 306
Test Date: 05/27/2010 Test Time: 1:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD

County	ENDER Instrument Loca	1. 3-2 /
Instrument Se	rial No8935	Should Dett.
The preventive four months as	e maintenance procedures for the Intoximeters, Model re:	Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, o 34 degrees, plus or minus .2 degree centigrade;	r the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath s	sample;
7.	When "PLEASE BLOW" appears, collect breath s	sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mo- whichever occurs first.	
Department o	ere performed on the instrument indicated above, in according to the second the instrument is further than the instrument is further than the second the instrument is further than the second that the second	_, 20 / O the forgoing preventive maintenance cordance with current regulations of the N.C. nctioning properly.
THE CARE AT THE CA	SAROUNA ()	Official 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: 008935 Test Date: 05/26/2010

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: 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 AIR BLK ACCY CHK	Pass .00 .07	5:08pm 5:09pm 5:10pm
AIR BLK	.00	5:11pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm
SUB TEST	.00	5:16pm
AIR BLK	.00	5:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 331 Test Time: 5:18pm EDT Test Date: 05/26/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
BT	Pass	5:18pm

#### Blank Tests

Test	Status	Time
ΔTR	Pass	5 · 1 9 m

#### Printer Tests

Test

Status Time

PRNT	Pass	5:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:19pm 5:19pm

Preventive Maintenance Status: Pass

Analyst

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

County/	ENDER Instrument Location Port Dez County
Instrument S	erial No. 8946 Shuith Dept.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
LALS TANK OR LANGE OF	

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

Signature of Certifying Official

Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 05/26/2010

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	5:09pm 5:10pm 5:11pm 5:12pm 5:12pm 5:13pm 5:16pm
AIR BLK	.00	5:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

### PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 545
Test Date: 05/26/2010 Test Time: 5:18pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FCl	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
BT	Pass	5:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:19pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:20pm
CAL	Pass	5:20pm

Preventive Maintenance Status: Pass

Anályst

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

County	uphin Instrument Location MAIlac	E
Instrument Seria	No. 8858 PoLICE	Dept.
The preventive n four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
procedures were	ne	ng preventive maintenance egulations of the N.C.
THE COLLAND SELECTION OF THE CAREAU STATE ON NO.	Signature of Certifying Official	Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 05/26/2010

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: 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	4:27pm
AIR BLK	.00	4:28pm
ACCY CHK	.08	4:28pm
AIR BLK	.00	4:29pm
SUB TEST	.00	4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm
		<u></u>

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

### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 326
Test Date: 05/26/2010 Test Time: 4:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:37pm
FLO	Pass	4:37pm
FC	Pass	4:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:37pm
SRC	Pass	4:37pm
DET	Pass	4:37pm
BAR	Pass	4:37pm
BT	Pass	4:37pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:38pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:38pm

#### CRC Tests

Status	Time
Pass Pass	4:38pm 4:38pm

Preventive Maintenance Status: Pass

Analyst

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

uphin Instrument Location Duphin Counky
1 No. 8864 Sherits Dept.
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
the
Signature of Certifying Official Certificate Number

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 05/26/2010

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: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:38pm 3:39pm 3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 674
Test Date: 05/26/2010 Test Time: 3:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:46pm
FLO	Pass	3:46pm
FC	Pass	3:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:46pm
SRC	Pass	3:46pm
DET	Pass	3:46pm
BAR	Pass	3:46pm
BT	Pass	3:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:47pm

Preventive Maintenance Status: Pass

Pass

CAL

3:47pm

Analyst

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

County	Duplin	Instrument Location_	Warsa	UN)
Instrument	Serial No. <u>8874</u>		Police )	SEPH.
The prever four month	ntive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath sir	nulator thermometer 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 sampl	e;	
7.	When "PLEASE BLOW" a	ppears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.			
I certify th procedures Departmen	at on the day of s were performed on the instrument nt of Health and Human Services, an	indicated above, in accordant the instrument is function	the forgoin nce with current reg ing properly.	ng preventive maintenance gulations of the N.C.
THE CREAT SEASON OF THE CONTRACT OF THE CONTRA		Thury Cu		634
	S	ignature of Certifying Offic	181	Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 05/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:48pm
AIR BLK	.00	4:49pm
ACCY CHK	.08	4:49pm
AIR BLK	.00	4:50pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:55pm
ATR RIK	0.0	4:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 168
Test Date: 05/25/2010 Test Time: 4:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:57pm
FLO	Pass	4:57pm
FC	Pass	4:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
BT	Pass	4:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:58pm
	CRC Tests	
Test	Status	Time

Pass

Pass

4:58pm

4:58pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

County	Columbia	Instrument Location	Columbia	County
Instrument	Serial No		Renth 1.	<u> </u>
The prevent	ntive maintenance procedures for us are:	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 a .2 degree centigrade;	ilcoholic breath simulator t	hermometer shows
2.	Verify instrument displays	s time and date;		
3.	Initiate breath test sequence	ce;		
4.	Enter information as prom	ipted;		
5.	Verify instrument accurac	y;		
6.	When "PLEASE BLOW"	appears, collect breath sample	<b>?</b> ;	
7.	When "PLEASE BLOW"	appears, collect breath sample	à';	
8.	Print test record;			
9.	Verify Diagnostic Program	m; and		
10.		s canister is being changed before changed every four months of		
I certify th procedures Departmen	s were performed on the instrume nt of Health and Human Services,	nt indicated above, in accordan and the instrument is function	nce with current regulations	ntive maintenance s of the N.C.
COREAT SE	CAROLINA	Signature of Certifying Offici	ial Certit	634 ficate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 05/24/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	5:02pm
AIR BLK	.00	5:03pm
ACCY CHK	.08	5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:08pm
ATR BLK	.00	5:08pm

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

### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 439 Test Date: 05/24/2010 Test Time: 5:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:10pm
FLO	Pass	5:10pm
FC	Pass	5:10pm

#### Temperature Tests

Test	Status	Time
FCl	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:11pm

Preventive Maintenance Status: Pass

Pass

5:11pm

CAL

Analyst

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

County	Lumbus Instrument Location Columbus County
Instrument Seria	11 No. 8886 Shund Dex.
The preventive is four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20
STATE OF A CORP TO STATE OF A CO	CAROUN

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: 05/24/2010

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: 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	Pass .00 .08	5:02pm 5:03pm 5:03pm
AIR BLK	.00	5:04pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm
SUB TEST	.00	5:07pm
AIR BLK	.00	5:08pm

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

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 315 Test Date: 05/24/2010 Test Time: 5:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:10pm
FLO	Pass	5:10pm
FC	Pass	5:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:10pm
SRC	Pass	5:10pm
DET	Pass	5:10pm
BAR	Pass	5:10pm
BT	Pass	5:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:11pm

Preventive Maintenance Status: Pass

Pass

CAL

5:11pm

Analyst

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

County	BLADEN	Instrument Location_	BLADEN	County
Instrumen	t Serial No. <u>88/8</u>		Sher. A.	Dept.
The preve	entive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be follo	wed at least once every
i .	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the a degree centigrade;	alcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	e;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	e;	
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 bef hanged every four months o	ore expiration date, r after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedure	hat on theday of es were performed on the instrument ent of Health and Human Services, ar		nce with current regi	g preventive maintenance ulations of the N.C.
CREAT SEA	STATE OF VOCAME AND STATE OF THE STATE OF TH	Lignature of Certifying Offic	ial	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 05/24/2010

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: 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	Pass	3:46pm
AIR BLK ACCY CHK	.00 .08	3:47pm 3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:52pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 309 Test Date: 05/24/2010 Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:55pm
CAL	Pass	3:55pm

Preventive Maintenance Status: Pass

Analyst

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

County /	a dead Instrument Location	Bludin County
Instrument Serial	INO	herillo Dept.
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 alco 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or af whichever occurs first.	
	heday of	
STATE OF NO. STATE	Signature of Certifying Official	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 05/24/2010

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: 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	3:45pm 3:46pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Gignature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 251 Test Date: 05/24/2010 Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:54pm
FLO	Pass	3:54pm
FC	Pass	3:54pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:54pm
SRC	Pass	3:54pm
DET	Pass	3:54pm
BAR	Pass	3:54pm
BT	Pass	3:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:55p CAL Pass 3:55p	

Preventive Maintenance Status: Pass

Analyst

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

County	Sampson	Instrument Location	3044550N	County
Instrument	Serial No		Sherilla_	Dept
The prever		r the Intoximeters, Model Intox 1	EC/IR II to be followed	at least once every
que .	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the a s.2 degree centigrade;	lcoholic breath simulato	r thermometer shows
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;		
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	acy;		
6.	When "PLEASE BLOW	" appears, collect breath sample	;	
7.	When "PLEASE BLOW	" appears, collect breath sample	*** ***	
8.	Print test record;			
9.	Verify Diagnostic Progr	am; and		
10.		as canister is being changed beforing changed every four months or		
	s were performed on the instrum	nent indicated above, in accordants, and the instrument is functioning		ventive maintenance ons of the N.C.
IN GREAT SEA	ATE ON NORTH CAROLINA	Signature of Certifying Offici	MA ial Cer	634 tificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 05/24/2010

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: 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	2:06pm 2:07pm 2:08pm 2:09pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 465 Test Date: 05/24/2010 Test Time: 2:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time

TEDL	Status	TIME
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance Status: Pass

Analyst

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

County	an,250N Instrument Location Sampson County
Instrument Seria	No. 8825 Sherits Dept
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF ALL THE STATE	Signature of Certifying Official Certificate Number

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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 05/24/2010

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: 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	'l'ıme
DIAG	Pass	2:06pm
AIR BLK	.00	2:07pm
ACCY CHI		2:08pm
AIR BLK	.00	2:08pm
SUB TEST	r .00	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	r .00	2:11pm
ATR BLK	. 00	2:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 816 Test Date: 05/24/2010 Test Time: 2:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:14pm 2:14pm 2:14pm 2:14pm 2:14pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Tect	Ctatue	Time

rest	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Padlan	Instrument Location 1/2	alkin a Jal
Instrume	nt Serial No. <u>00 8944</u>		
The preve		the Intoximeters, Model Intox EC/	TR II to be followed at least once every
Passeck	Verify the ethanol gas can 34 degrees, plus or minus		holic breath simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	
4.	Enter information as prom	npted;	
5.	Verify instrument accurac	у;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before e g changed every four months or after	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
procedure	that on the day ofes were performed on the instrumerent of Health and Human Services,	nt indicated above, in accordance v	the forgoing preventive maintenance with current regulations of the N.C. properly.
GENERAL SECTION OF SEC	STATE ON NOTIFIC CAROLINA CAROLINA VIDENTIA	Signature of Certifying Official	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 05/13/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:52pm 1:52pm 1:53pm 1:54pm 1:55pm
AIR BLK SUB TEST AIR BLK	.00 .00	1:55pm 1:57pm 1:58pm

Reported AC: . .00 g/⁄210L

Signatyfre of Chemical Analyst

Court CVR

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

Rev. 12/2007

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 454
Test Date: 05/13/2010 Test Time: 1:58pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time	
ΔTR	Dagg	1.59nm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

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

Rev. 12/2007

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

County	Milkes Instrument Location N. U.	Ikasboro Pi
Instrumer	nt Serial No	
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be ths are:	e followed at least once every
* *	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4,	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	hat on the	rgoing preventive maintenance at regulations of the N.C.
C C C C C C C C C C C C C C C C C C C	TATE OF NORTH CONTROL OF THE CONTROL	
	Signature of Certifying Official	Certificate Number

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Date: 05/13/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:38pm 12:39pm 12:40pm 12:41pm 12:42pm 12:43pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm

Reported AC: ___.00 g/210L

ignature of Chemical Analyst

Court CVR

Anaiyst

## WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Record Number: 177
Test Date: 05/13/2010 Test Time: 12:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:46pm 12:46pm 12:46pm 12:46pm 12:46pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time

	Seacus	14110
COMP	Pass	12:47pm
CAL	Pass	12:47pm

Preventive Maintenance Status: Pass

Ánalysť

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

County	MONTEDMERY	Instrument Location <u>/ // ひ</u>	NTGOMERY Co.
Instrument	Serial No. <u>00872/</u>	JAIL, TROY	A de C
The preven	,	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic l degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	red;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expira hanged every four months or after 12:	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedures		16 the instrument is functioning proper	
TE HE COREAL SECTION OF THE COREAL SECTION O		ignature of Certifying Official	37/ Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 05/19/2010

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

## MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Record Number: 379
Test Date: 05/19/2010 Test Time: 3:46pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:48pm

Preventive Maintenance Status: Pass

CAL

Pass

Analyst

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

County <u>CH</u>	ATHAM Instrument Location SILER CTY POLICE
Instrument Seria	al No. 008811 Dept, Sugar City NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
bonnes 4	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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
ONE STATE OF THE S	CAROUL

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 05/18/2010

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:08pm 3:09pm 3:09pm 3:10pm 3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:14pm
ATR BLK	0.0	3 · 14 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 612 Test Date: 05/18/2010 Test Time: 3:15pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

## Blank Tests

Test	Status	Time
ATR	Pass	3:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm
	CRC Tests	
To a t	Ctatio	Timo

1000	Deacas	11110
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

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

County	MONTGOMERY Instrument Location MONT	GOMERY CO.
Instrument	t Serial No. 008709 JAIL TROY	NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to less are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
see .	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	
procedure:	hat on theday of, 20, 20	orgoing preventive maintenance ent regulations of the N.C.
CALAT SEA	Signature of Certifying Official	Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 05/19/2010

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Record Number: 389
Test Date: 05/19/2010 Test Time: 3:47pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:48pm
CAL	Pass	3:48pm

Preventive Maintenance Status: Pass

Analyst

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

County	MOORE	Instrument Location	RE Co. JAIL
Instrument	Serial No. <u>008735</u>	- CARTHAGE, 1	VC
The prever		the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
quad.	Verify the ethanol gas can 34 degrees, plus or minus .	ister displays pressure, or the alcoholic brea .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		canister is being changed before expiration changed every four months or after 125 Al	
procedures	s were performed on the instrumen	, 20 / the form tindicated above, in accordance with curre and the instrument is functioning properly.	
GO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	ATE OF MORE AND CAROLINA CAROLINA ANY WORKS	S)gnature of Certifying Official	Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 05/25/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:11pm 2:12pm 2:13pm 2:14pm
SUB TEST AIR BLK	.00	2:15pm 2:15pm
SUB TEST AIR BLK	.00	2:17pm 2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 605 Test Date: 05/25/2010 Test Time: 2:38pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
ATR	Pagg	2 - 3 9 mm

## Printer Tests

Test	Status	Time	
PRNT	Pass	2:39pm	
	CRC Tests		

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

Preventive Maintenance Status: Pass

Analyst

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

County N &	Shing have Instrument Location Washington Co. S.D.
Instrument Seria	NO. 008829 Dams Gr., Plymoush, N.C.
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
groom.	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 26th day of A4 , 20 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.
STATE OF THE STATE	CAROLLI CAROLL
	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 05/26/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011702 Exp Date: 05/27/2012

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
ATR RIK	0.0	1 · 53 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 200 Test Date: 05/26/2010 Test Time: 1:55pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:57pm

Preventive Maintenance Status: Pass

Pass

1:57pm

CAL

Analyst

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

County (	1520 Instrument Location Wilson Co. Jesman Cente
Instrument Serial	INO. DOBURT 1006. GLEEN St., WILSON, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	he
O'M' STATE O'AN O'M' STATE O'AN O'M' STATE O'M' AND O'M' STATE O'M' AND O'M' STATE O'M'	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 05/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

TIRECA

Analyst

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 923 Test Date: 05/11/2010 Test Time: 10:20am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:21am

#### Printer Tests

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

COMP Pass 10:22am Pass 10:22am

Preventive Maintenance Status: Pass

Analyst

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

		ESECO, IVECEDED RIVE ON EN	•
County \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 Y	Instrument Location \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Instrument Ser	ial No. <u> </u>	100 E. Grun 55,	Window M.C.
The preventive four months ar	•	e Intoximeters, Model Intox EC/IR II to	o be followed at least once every
good .	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator 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;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirat hanged every four months or after 125	
procedures we	n theday of re performed on the instrument 'Health and Human Services, ar	, 20 \ the indicated above, in accordance with cure and the instrument is functioning proper	e forgoing preventive maintenance rrent regulations of the N.C.
STATE OF STA	NO AROLLING		folis-up
	<u> </u>	ignature of Certifying Official	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 05/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:24am 10:25am 10:26am
AIR BLK SUB TEST	.00 .00	10:27am 10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

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

### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1202 Test Date: 05/11/2010 Test Time: 10:34am EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

No. of the last of	INTUATIVE ERS, WOULL INTUA EC/IR II
County / ()	AUMANS Instrument Location VERRIWANS CO. S.D.
Instrument Seria	INO. DOSAZI 110 N. Church St., Westford, D.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROUN

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

Signature of Certifying Official

Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 05/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:40pm 1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:45pm
ATR BLK	.00	1:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 189 Test Date: 05/11/2010 Test Time: 1:47pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:48pm 1:48pm
FLO FC	Pass Pass	1:48pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

Analyst

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

County \	SHUSTRAN Instrument Location PASRUS AND CO. PASIC SAL
Instrument Seri	al No. 006941 Blug, ZODE. COLONIAL AVE, ELIZABENTAL
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
y y	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of, 20
THE STATE OF THE S	

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008941 Test Date: 05/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass	2:32pm 2:33pm
.08	2:34pm
.00	2:35pm
.00	2:36pm
.00	2:37pm
.00	2:38pm
.00	2:39pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 370 Test Date: 05/11/2010 Test Time: 2:40pm EDT

System Check: Passed

# Baseline Tests

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

## Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

### Printer Tests

	CKC 16969	
	CRC Tests	
PRNT	Pass	2:42pm
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

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

County	and mark Instrument Location PORNITONX Co. Varic Galery
Instrument Seria	INO. DOGASO ZOOE. CAlonial AVE., Elizabeth Cin
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	the day of 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TARE OLIMINATE OF NO.	Lead Lead 647
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 05/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:34pm 2:35pm 2:35pm 2:36pm 2:37pm 2:38pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 371 Test Date: 05/11/2010 Test Time: 2:42pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:42pm
FLO	Pass	2:42pm
FC	Pass	2:42pm

# Temperature Tests

Test Status Time	
FC1 Pass 2:42	рm
SRC Pass 2:42	pm
DET Pass 2:42	pm
BAR Pass 2:42	рm
BT Pass 2:42	pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:43pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:43pm
	CRC Tests	
Test	Status	Time

Tepc	Status	i
COMP	Pass	2:43pm
CAL	Pass	2:43pm

Preventive Maintenance Status: Pass

Analyst

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

County \\ \\	04080	Instrument Location_	Moskie	Valice	<u> </u>
Instrument Seria	al No. 1038 48	105 V: M	AN GAN	12/205 Và	
The preventive if four months are	maintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be f	ollowed at lea	st once every
promut	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath	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" appea	ars, collect breath sampl	e;		
7.	When "PLEASE BLOW" appear	ars, collect breath sampl	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.				
	the day of day o		nce with current	oing preventiv regulations of	ve maintenance the N.C.
STATE OF STA	COLINA CAROLINA	o GA, Helse	in the second of	<u> </u>	47
	Signa	ture of Certifying Offic	ial	Certificat	e Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 05/13/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 373
Test Date: 05/13/2010 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	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	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	Pass	11:50am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

11:50am

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

County	kelfood	Instrument Location_	Murkicuspia	Rolice Des
Instrument Ser	rial No. <u>00840</u>	115 E. GROAD	St., My hus	bury N.C.
The preventive four months ar	e maintenance procedures for the	e Intoximeters, Model Intox	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 a degree centigrade;	alcoholic breath simulato	r thermometer show
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" ap	ppears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	»;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before hanged every four months or	ore expiration date, or the after 125 Alcoholic Bre	e alcoholic breath ath Simulator tests,
I certify that or procedures wer Department of	n theday of re performed on the instrument i Health and Human Services, and	ndicated above, in accordance	ce with current regulation	rentive maintenance ns of the N.C.
OTHE STATE OF THE	NO REPORT OF THE PARTY OF THE P	o ree Meed	nggaggaggaggaggaggaggaggaggag	647
	Si	gnature of Certifying Officia	ıl Certi	ificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 05/13/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:32pm 12:33pm 12:34pm 12:35pm 12:35pm
AIR BLK SUB TEST	.00 . <b>00</b>	12:36pm <b>12:38pm</b>
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 213
Test Date: 05/13/2010 Test Time: 12:40pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	TTIIIe
AIR	Pass	12:41pm

# Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County ( )	ituell Instrument Location Cultituck Co. S.O Colollo
Instrument Seria	al No. 008949 1123 Ocean Trail, Covolla, 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 wer Department of	n the
STATE OF THE STATE	1
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 05/13/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:29am 11:30am 11:31am 11:32am 11:32am 11:33am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L,

Signature of Chemical Analyst

Court CVR

Amaiyst

# CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 114
Test Date: 05/13/2010 Test Time: 11:37am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

# Blank Tests

Test	Status	Time
AIR	Pass	11:38am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	nstrument Location Kinston P.D.
Instrument Seri	al No. 008624 205 E. King St., Kinston, NC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
Provide a	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.
	theday of, 20 /O the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'M P. STATE OF THE STATE OF TH	Login CAROUM 643
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 05/11/2010

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: GUARD, KELLY G
Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:17pm 2:18pm 2:19pm 2:19pm 2:21pm 2:22pm 2:23pm
AIR BLK	.00	2:24pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 700 Test Date: 05/11/2010 Test Time: 2:26pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time

CAL Pass 2:27pm

Preventive Maintenance

Status: Pass

Pass

2:27pm

COMP

Analyst

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

County On	oic	Instrument Locat	ion <u>Lenoi/</u>	<u> 6.50</u>
Instrument Seria	1No. <u>008639</u>	130 Qu	een St;	Kinshin, N.C
The preventive right four months are:	naintenance procedures for the Int	oximeters, Model II	ntox EC/IR II to be fo	llowed at least once every
	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		the alcoholic breath s	imulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sa	imple;	
7.	When "PLEASE BLOW" appear	ars, collect breath sa	ımple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
	theday ofoperformed on the instrument indi- lealth and Human Services, and the		ordance with current r	ing preventive maintenance egulations of the N.C.
AND STATE OF THE S	OS THE CAROLINA	1.00 M		/ 1/ ?
William Control	Signa	ature of Certifying (	Official Official	Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 05/11/2010

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: GUARD, KELLY G
Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 1034
Test Date: 05/11/2010 Test Time: 1:50pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
ΔTD	Dacc	1.52mm

#### Printer Tests

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

1000	Deacab	# <b>#</b> 1110
COMP	Pass	1:52pm
CAL	Pass	1:52pm

Preventive Maintenance Status: Pass

Analyst

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

NC.

County Gre	ene	Instrument Lo	cation GRR	14 (o. S.O.	
Instrument Serial	INO. <u>008670</u>	301 N.	Greene	St., Snow K	e de la constitución de la const
The preventive n four months are:	naintenance procedures for the I	ntoximeters, Mode	el Intox EC/IR II	to be followed at least once eve	ry
governor .	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alcoholic l	oreath simulator thermometer sl	hows
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	ears, collect breath	ı sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; ar	nd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being chan anged every four m	ged before expira onths or after 12:	tion date, or the alcoholic breat 5 Alcoholic Breath Simulator te	.h :sts,
	he day of Me performed on the instrument in lealth and Human Services, and	dicated above, in a	ccordance with c		ince
CREAT STATE OF AN AND AND AND AND AND AND AND AND AND	ORINI CAROUNA			643	
	Sig	nature of Certifyin	g Utticial	Certificate Number	

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 05/11/2010

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: GUARD, KELLY G
Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
ATR BLK	. 0.0	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 923 Test Date: 05/11/2010 Test Time: 12:43pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
$\mathtt{BT}$	Pass	12:43pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Toat	Chatua	Time

Test	Status	TIME
COMP	Pass	12:44pm
CAL	Pass	12:44pm

Preventive Maintenance Status: Pass

Analyst

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

County Be/	Instrument Location Box 6 6 5.0
Instrument Seria	al No. 008897 104 Dundee St., Windsor, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
^e	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of, 20 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.
CRECURA WINDS	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 05/12/2010

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: 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	10:56am 10:57am 10:57am 10:58am <b>10:59am</b>
AIR BLK SUB TEST	.00 .00	11:00am 11:01am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 297
Test Date: 05/12/2010 Test Time: 11:04am EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:05am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 76	anxid Instrument Location Belhaven Police Dept.
Instrument Seria	al No. 106924 Bulhaven in L.
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
CREAT STATE OF THE	SATO A MARKET CAT

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

Signature of Certifying Official

Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 05/26/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 108
Test Date: 05/26/2010 Test Time: 12:43pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

# Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:44pm

12:44pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	INIUXIVIEIERS, WODEL INIUX EC/IR II
County \	Instrument Location \\(\frac{\psi(\color)}{\psi(\color)}\)
Instrument Serial	No. 00890> 40> Mais St., Columbia, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 Z day of MAY, 20 0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF ME ST	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 05/26/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	2:57pm 2:58pm 2:59pm 3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analy

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 212 Test Date: 05/26/2010 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	3:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	
Test	Status	Time

3:10pm

3:10pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyet

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

County/	BOWAN Instrument Location SA 1/5 bory Police
Instrument Se	erial No. 008878 Department
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the Oday of Add , 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.
VALUE OF THE CAREAT STATES OF	CAROL

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: 008828 Test Date: 05/20/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. Duintes

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008828 Test Record Number: 185
Test Date: 05/20/2010 Test Time: 2:08pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

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

rest	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

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

County Sui	Hord	Instrument Loca	ation <u>Secundar</u>	of the state of th
Instrument Seria	al No. <u>008790</u>	)		
The preventive r four months are:	maintenance procedures for the	e Intoximeters, Model	Intox EC/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		r the alcoholic breath sim	nulator thermometer shows
2.	Verify instrument displays to	ime and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	red;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath:	sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being change hanged every four mo	ed before expiration date, nths or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that on procedures were Department of I	the day of e performed on the instrument Health and Human Services, ar	indicated above, in ac	cordance with current reg	g preventive maintenance gulations of the N.C.
ON STATE OF THE CAREAU STA	M CAROUM	Signature of Certifying	Official	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 05/13/2010

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: DEAN, L K
Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG925202 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:28pm 12:28pm 12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

().1-jev

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 1708
Test Date: 05/13/2010 Test Time: 12:40pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:41pm 12:41pm 12:41pm 12:41pm 12:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. OOS 79 44  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus 2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	County C	ilford	Instrument Location Green	sboro JAi
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	Instrument Seria	al No. <u>608794</u>		
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the		•	the Intoximeters, Model Intox EC/IR II to be	followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	1.	, ,		n simulator thermometer shows
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	2.	Verify instrument displays	time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	3.	Initiate breath test sequence	e;	
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	4.	Enter information as promp	pted;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before 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	5.	Verify instrument accuracy	y;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	6.	When "PLEASE BLOW"	appears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	<b>~</b> 9.	When "PLEASE BLOW"	appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program	n; and	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being		
Constitution of the state of th	procedures were	e performed on the instrumen	nt indicated above, in accordance with curren	
Signatura of Cartifician Official Cartificate Number	GREAT STATE OF THE		Signature of Certifying Official	642 Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 05/13/2010

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

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

Test Type: Breath Test

Lot Number: AG925202 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:47pm 12:48pm 12:49pm
AIR BLK SUB TEST	.00	12:49pm 12:50pm
AIR BLK SUB TEST	.00 .00	12:51pm 12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Sorvices

Department of Health and Human Services Rev. 12/2007

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 1050 Test Date: 05/13/2010 Test Time: 12:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:58pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:59pm

12:59pm

Preventive Maintenance Status: Pass

Pass

CAL

A'nalyst

1 - 1

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County C	rial No. 608869 Morehead city
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
enned.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
<b>.</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE AND THE STATE OF THE STAT	CORD AND AND AND AND AND AND AND AND AND AN

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 282 Test Date: 05/15/2010 Test Time: 5:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:31pm
SRC	Pass	5:31pm
DET	Pass	5:31pm
BAR	Pass	5:31pm
BT	Pass	5:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5 · 3 3 mm

5:33pm

Preventive Maintenance Status: Pass

Pass

CAL

J. C. Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 05/15/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: 7.00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mach

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

County	instrument Location BAT Mobile anit a certain No. 008898
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
Permit	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 theday of
TATE ALL OF THE STATE OF THE ST	

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

Certificate Number

#### HYDE COUNTY BAT MOBILE UNIT 6 470

Serial Number: 008898 Test Record Number: 388
Test Date: 05/07/2010 Test Time: 2:52pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

HYDE COUNTY BAT MOBILE UNIT 6 470

Serial Number: 008898 Test Date: 05/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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		2:45pm 2:46pm
ACCY CH AIR BLK		2:46pm
SUB TES		2:47pm <b>2:47p</b> m
AIR BLK		2:48pm
SUB TES	T .00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC Instrument Location 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; Enter information as prompted; 4 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; б. 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. , 20 LO the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 392 Test Date: 05/15/2010 Test Time: 5:37pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

#### Temperature Tests

Test	Status	Time
TIC1	D	
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:38pm

Pass

5:38pm

Preventive Maintenance Status: Pass

CAL

Ánalyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 05/15/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:29pm 5:30pm 5:30pm
AIR BLK SUB TEST	.00	5:31pm 5:32pm
AIR BLK SUB TEST	.00 . <b>00</b>	5:33pm <b>5:34pm</b>
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County ( )	ocowbe Instrument L	ocation <u>SAT</u>	Wohle	Child
Instrument Seria	al No. <u>00887\</u>			
The preventive four months are	maintenance procedures for the Intoximeters, Moc	lel Intox EC/IR	II to be followe	ed at least once every
possed .	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholi	ic 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" appears, collect brea	th sample;		
7.	When "PLEASE BLOW" appears, collect brea	th sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being cha simulator solution is being changed every four in whichever occurs first.			
procedures were	theday of	accordance with	h current regula	reventive maintenance tions of the N.C.
STATE OF THE STATE OF THE OFFICE OFFI	Signature of Certifyi	ng Official		ertificate Number

#### BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008871 Test Record Number: 241 Test Date: 05/14/2010 Test Time: 7:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:03pm
FLO	Pass	7:03pm
FC	Pass	7:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:04pm
SRC	Pass	7:04pm
DET	Pass	7:04pm
BAR	Pass	7:04pm
BT	Pass	7:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:04pm

#### Printer Tests

CAL

7:04pm

Test	Status	Time
PRNT	Pass	7:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:04pm

Preventive Maintenance Status: Pass

Pass

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008871 Test Date: 05/14/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	6:55pm
AIR BLK	.00	6:56pm
ACCY CHK	.07	6:56pm
AIR BLK	.00	6:57pm
SUB TEST	.00	6:58pm
AIR BLK	.00	6:59pm
SUB TEST	.00	7:00pm
AIR BLK	.00	7:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County S	uncombe Instrument Location BAT Mobile Choit 4
Instrument So	erial No. <u>OO 8734</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	on the
THE STATE OF THE CREATER OF THE CREA	AROLLIN CAROLLIN CARO

#### BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Record Number: 339
Test Date: 05/14/2010 Test Time: 7:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:05pm
FLO	Pass	7:05pm
FC	Pass	7:05pm

### Temperature Tests

Status	Time
Pass	7:05pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	7:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:06pm 7:06pm

Preventive Maintenance Status: Pass

Analyst

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Date: 05/14/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: 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	6:57pm
AIR BLK	.00	6:58pm
ACCY CHK	.08	6:59pm
AIR BLK	.00	6:59pm
SUB TEST	.00	7:00pm
AIR BLK	.00	7:01pm
SUB TEST	.00	7:02pm
AIR BLK	.00	7:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	JOHNSTON Instrument Location BENSON POUCE DOT
Instrument Se	erial No. <u>008885</u> <u>BENSON NC</u>
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on the
THE STATE OF THE S	CAROL CAROL

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 05/12/2010

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: 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

	_	
DIAG	Pass	2:44pm
AIR BLK	.00	2:44pm
ACCY CHK	.08	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:47pm

g/210L

Time

 SUB TEST .00
 2:47pm

 AIR BLK .00
 2:48pm

 SUB TEST .00
 2:49pm

AIR BLK .00 2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 143 Test Date: 05/12/2010 Test Time: 2:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:53pm

2:53pm

COMP

CAL

Analyst |

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

County	JOHNSTON Instrument Location CLAYTON BURE D	<u> 2</u> 27
Instrument	Serial No. 008658	<del></del>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eves are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	
	at on the	ance
THE CHEAT SECTION OF THE CHEAT	Signature of Certifying Official  Certificate Number	

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 05/12/2010

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: RUSSELL, LARRY H Permit Number: 06108E Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:49pm 3:50pm 3:50pm 3:51pm
SUB TEST	.00	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:55pm

.00_g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

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

Analyst

#### JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 479
Test Date: 05/12/2010 Test Time: 3:56pm EDT

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
AIR	Pass	3:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm
	CRC Tests	
Test	Status	Time

3:58pm

3:58pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

County	Guilfor Instrument Location Soft Mobile County
Instrument S	Serial No. 008600 (C. Uonalson)
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
proved.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 the
STATE OF THE CAREAT SECTION OF THE CAREAT SE	
	Signature of Certifying Official Certificate Number

#### GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008600 Test Record Number: 605 Test Date: 05/07/2010 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07pm
FLO	Pass	11:07pm
FC	Pass	11:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:07pm
SRC	Pass	11:07pm
DET	Pass	11:07pm
BAR	Pass	11:07pm
BT	Pass	11:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08pt

#### Printer Tests

Test

CAL

PRNT	Pass	11:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08pm

Status

Time

11:08pm

Preventive Maintenance Status: Pass

Pass

Analyst

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008600 Test Date: 05/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: NC
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	10:48pm 10:49pm
ACCY CHK	.08	10:49pm
AIR BLK	.00	10:50pm
SUB TEST	.00	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Analyst

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

County 6	ust force	Instrument Location_	J.S.J.T.	mobile Long #3
Instrument So	erial No <i>008698</i>		<u> S. C. G. Jan</u>	15 Bando
The prevention four months a	ve maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic bre	eath simulator thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; ar	ad		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed bef anged every four months o	ore expiration after 125 /	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
	manufacture of them.			
l certify that procedures v Department	on the day of	dicated above, in accordant the instrument is function	the the currence with currence with currence with currence with currence with the cu	forgoing preventive maintenance rent regulations of the N.C.
TAPE OF THE CARPATE O		26, /// Squature of Certifying Office	Lial .	Certificate Number

## GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008698 Test Record Number: 484
Test Date: 05/07/2010 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	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:58pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58pm

Preventive Maintenance Status: Pass

Pass

10:58pm

CAL

Analyst

GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008698 Test Date: 05/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:46pm 10:47pm 10:48pm 10:49pm 10:49pm 10:50pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Guilbora Instrument Location SAF MOSILE LINIT
Instrument	Serial No. <u>008788</u> <u>Greansons</u>
The prever four month	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
Proved	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	that on the
SE S	A CAROUNIA C

## GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008788 Test Record Number: 390 Test Date: 05/07/2010 Test Time: 10:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:55pm
FLO	Pass	10:55pm
FC	Pass	10:55pm

## Temperature Tests

Test	Status	Time
FC1	Pass	10:55pm
SRC	Pass	10:55pm
DET	Pass	10:55pm
BAR	Pass	10:55pm
BT	Pass	10:55pm

## Blank Tests

Test	Status	Time
AIR	Pass	10:55pm

## Printer Tests

Status

Test

PRNT	Pass	10:56pm
	CRC Tests	
Test	Status	Time

Time

Scacus	TIME
Pass	10:56pm
Pass	10:56pm
	Pass

Preventive Maintenance Status: Pass

Analyst

### GREENSBORO BAT MOBILE UNIT 5 400

Serial Number: 008788 Test Date: 05/07/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	10:45pm
AIR BLK	.00	10:46pm
ACCY CHK	.07	10:46pm
AIR BLK	.00	10:47pm
SUB TEST	.00	10:48pm
AIR BLK	.00	10:49pm
SUB TEST	.00	10:51pm
ATR BLK	.00	10:52pm

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

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

County	RANDOLPH	Instrument Location 1853	Try Packe DEPT
Instrument S	Serial No. <u>00983</u>	30 <u>UBERTY</u>	
The preventi		for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		canister displays pressure, or the alcoholic bronus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	лгасу;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	
7.	When "PLEASE BLO	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prop	gram; and	
10.		gas canister is being changed before expiration eing changed every four months or after 125 a.	
	were performed on the instru	the interest in accordance with curces, and the instrument is functioning properly	
STATE STATE OF STATE	S CAROLLES	Signature of Certifying Official	37/ Certificate Number

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 05/04/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	7:47am 7:47am 7:48am 7:49am <b>7:49am</b> 7:50am <b>7:52am</b>
AIR BLK	.00	7:53am

Reported AC: .00_g/210L

Signature, Chemical Analyst

Court CVR

**Analyst** 

## RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Record Number: 208 Test Date: 05/04/2010 Test Time: 7:53am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	7:54am
FLO	Pass	7:54am
FC	Pass	7:54am

## Temperature Tests

Test	Status	Time
FC1	Pass	7:54am
SRC	Pass	7:54am
DET	Pass	7:54am
BAR	Pass	7:54am
BT	Pass	7:54am

## Blank Tests

Test	Status	Time
AIR	Pass	7:55am

## Printer Tests

Status

Time

7:55am

Test

CAL

PRNT	Pass	7:55am
	CRC Tests	
Test	Status	Time
COMP	Pass	7:55am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	LEE Instrument Location LEE Co. JAIL	
Instrument	erial No. <u>00 8645</u> <u>\$9,0620</u> NC	
The prever four month	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	у
Notes a	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	ts,
procedure	t on the	ice
BEAT SEATON	CAROLIN CAROLI	

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 05/04/2010

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: 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: 03/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:36am 9:36am 9:37am 9:38am <b>9:39am</b> 9:40am <b>9:41am</b>
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 811 Test Date: 05/04/2010 Test Time: 9:43am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:43am
FLO	Pass	9:43am
FC	Pass	9:43am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:44am
SRC	Pass	9:44am
DET	Pass	9:44am
BAR	Pass	9:44am
BT	Pass	9:44am

## Blank Tests

Test	Status	Time
AIR	Pass	9:44am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:44am

Preventive Maintenance Status: Pass

Pass

9:44am

CAL

Anaiyst

PREVENTIVE MAINTENANCE RECORD

County	UMberland Instrument Location UMberland Dowly
Instrument So	erial No. 008614 Detention Center
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
TATS THE CREAT SECTION OF THE	TOOLIN CAROUND

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 05/04/2010

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: 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: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:44am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Record Number: 1120 Test Date: 05/04/2010 Test Time: 11:52am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
BT	Pass	11:53am

## Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time

COMP Pass 11:54am CAL Pass 11:54am

Preventive Maintenance Status: Pass

Analyst

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

County	PohESON Instrument Location <u>LUMBERTON</u>	
Instrument S	Serial No. 008805 LEC, NORTH CAROLINA	······································
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	iow:
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator temperature whichever occurs first.	
	t on the	nce
ALSO SOLVE AND S	CAROLIN CAROLI	

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 05/04/2010

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: SIMMONS, PAUL T Permit Number: 08619E Effective: 10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	1:05pm
AIR BLK	.00	1:06pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
ATR BLK	. 0.0	1.11nm

Reported AC: .00g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 814
Test Date: 05/04/2010 Test Time: 1:14pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

### Printer Tests

Status

Time

1:15pm

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

**Analyst** 

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

County	raston	Instrument Location Belm	ont PD
Instrument S	erial No. <u>008733</u>	201 Chronicle St	treet, Belmont
The preventi	•	intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</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; an	nd	
10.		nister is being changed before expirations and every four months or after 125	
procedures v		dicated above, in accordance with cuthe instrument is functioning proper	
WATO HES	<u> </u>	nature of Certifying Official	Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 05/05/2010

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: 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: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:48am 9:49am 9:50am 9:51am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 377

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	9:56am
FLO	Pass	9:56am
FC	Pass	9:56am

## Temperature Tests

Test	Status	Time
FC1	Pass	9:56am
SRC	Pass	9:56am
DET	Pass	9:56am
BAR	Pass	9:56am
BT	Pass	9:56am

### Blank Tests

Test	Status	Time
AIR	Pass	9:57am

## Printer Tests

Test	Status	Time
PRNT	Pass	9:57am
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	9:57am 9:57am

Preventive Maintenance Status: Pass

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

County	Gaston 1	nstrument Location Gaston Coun	ty 50	
Instrument S	Serial No. <u>008684</u>	125 N. Marietta Street 704-864-6800	Gastonia	
The prevent		meters, Model Intox EC/IR II to be followed	i at least once every	
Ì.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree	ays pressure, or the alcoholic breath simulat centigrade;	or 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,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		is being changed before expiration date, or t every four months or after 125 Alcoholic B		
procedures '	were performed on the instrument indicate t of Health and Human Services, and the in	, 20 <u>///</u> the forgoing pred above, in accordance with current regulat astrument is functioning properly.	eventive maintenance ions of the N.C.	
WATO FIZE AT SEC.	82423413443		55 ertificate Number	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 05/05/2010

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:03am 9:04am 9:04am 9:05am <b>9:07am</b>
AIR BLK SUB TEST AIR BLK	.00 .00	9:08am <b>9:10am</b> 9:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 1300 Test Date: 05/05/2010 Test Time: 9:12am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:12am
FLO	Pass	9:12am
FC	Pass	9:12am

## Temperature Tests

Status	Time
Pass	9:12am
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	9:13am

### Printer Tests

Test	Status	Time
PRNT	Pass	9:13am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:13am

9:13am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	ston	Instrument Location Gast	on County SD
Instrument Ser	ial No. <u>008706</u>		a Street, Gastonia
		704-869-680	0
The preventive four months are		Intoximeters, Model Intox EC/IR II	to be followed at least once every
toward .	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		breath simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		unister is being changed before expir nanged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures we		Ay ,20 0 to the instrument is functioning property.	
CALVES STATE OF STATE	John C. Ha	enature of Certifying Official	650 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 05/05/2010

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: 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	Pass	8:45am
AIR BLK	.00	8:46am
ACCY CHK	.08	8:47am
AIR BLK	.00	8:47am
SUB TEST	.00	8:48am
AIR BLK	.00	8:49am
SUB TEST	.00	8:50am
AIR BLK	.00	8:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Record Number: 1171
Test Date: 05/05/2010 Test Time: 8:52am EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	8:53am
FLO	Pass	8:53am
FC	Pass	8:53am

## Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

### Blank Tests

'l'est	Status	Time
AIR	Pass	8:54am

### Printer Tests

Test	Status	Time
PRNT	Pass	8:54am

## CRC Tests

Test	Status	Time
COMP	Pass	8:54am
CAL	Pass	8:54am

Preventive Maintenance Status: Pass

Analyst