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

County //	Instrument Location HOKE COUNTY
Instrument Serie	al No. 008852 Detention Center
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 39 day of November, 20 10 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREAT STATE OF THE CORE OF THE	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 11/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	11:42am 11:42am 11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:44am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 349
Test Date: 11/29/2010 Test Time: 11:50am EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:51am

# Printer Tests

Test	Status	Time
PRNT Pass		11:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:52am

11:52am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	HOKE	Instrument Location_	HOKE	County
Instrument	Serial No. <u>008855</u>	Detent	ion Cen	Here
The prever four month	ntive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		alcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.			
	at on the	indicated above, in accordar	nce with current reg	g preventive maintenance ulations of the N.C.
S S S S S S S S S S S S S S S S S S S	\ QuQ	ignature of Certifying Offic	· ·	578 Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 11/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:49am 11:50am 11:50am 11:51am 11:52am
AIR BLK SUB TEST	.00	11:53am 11:55am
ATR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 475 Test Date: 11/29/2010 Test Time: 11:58am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:59am

#### Printer Tests

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

Pass	12:00pm
Pass	12:00pm

Preventive Maintenance Status: Pass

Analyst

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

County	Scotiand Instrument Location LAURINBURG
Instrumen	t Serial No. <u>008657</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on theday ofday of
CREAT SEATON OF	CAROLL

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008657 Test Date: 11/21/2010

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:38am 11:39am 11:39am 11:40am 11:41am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analÿst

# SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008657 Test Record Number: 944
Test Date: 11/21/2010 Test Time: 11:46am EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:48am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:48am

CAL

Analyst

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

County //	OORE	Instrument Location	Prie HURST
Instrument Seria	ino. <u>00 87/0</u>	Police	DEPT,
The preventive r four months are:		oximeters, Model Intox EC	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		pholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,
	the 30 day of 100 performed on the instrument inditealth and Human Services, and the	cated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. properly.
OTHE STATE OF MANY 20 1775	Signa Signa	ature of Certifying Official	Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 11/30/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:34pm 1:35pm
ACCY CHK	.07	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/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

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 502 Test Date: 11/30/2010 Test Time: 1:41pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
BT	Pass	1:41pm

# Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:42pm
CAL	Pass	1:42pm

Preventive Maintenance Status: Pass

Analyst

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

County	MOORE	Instrument Location	OUTHERN
Instrument	Serial No. <u>00873</u>	o Ries Pa	SE DEPT.
The prever		ne Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	6	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expirat changed every four months or after 125	
	were performed on the instrument	indicated above, in accordance with cured the instrument is functioning proper	irrent regulations of the N.C.
SESTING OF	220	Signature of Certifying Official	528 Certificate Number

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 11/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 462 Test Date: 11/30/2010 Test Time: 12:48pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

# Blank Tests

Test	Status	Time
ATR	Pass	12:50pm

#### Printer Tests

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

12:50pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County_	RGSSON Instrument Location PEMB	ROKE
Instrume	nt Serial No. 008850 Police DEPT	
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be 1 oths are:	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 Alcowhichever occurs first.	
procedu	that on the	
STATE GREAT SE	STATE OF NORTH OF THE O	578 Certificate Number

ROBESON COUNTY PEMBROKE PD. 770

Serial Number: 008850 Test Date: 11/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG925202 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:25pm 2:26pm 2:26pm
AIR BLK	.00	2:27pm
SUB TEST AIR BLK	.00 .00	2:28pm 2:29pm
SUB TEST	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ROBESON COUNTY PEMBROKE PD. 770

Serial Number: 008850 Test Record Number: 411 Test Date: 11/29/2010 Test Time: 2:33pm EST

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FCl	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

st	Status	Time
NT	Pass	2:34pm
	CRC Tests	3
NT		_

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

Preventive Maintenance Status: Pass

Analyst

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

County_	ROB	ESON	Instrument Location	REI	35PR/NGS
Instrume	ent Serial N	o. <u>008857</u>	<u> </u>	<u> </u>	DEPT.
The prev		ntenance procedures for the Into	ximeters, Model Intox EC	C/IR II to be	followed at least once every
1.		erify the ethanol gas canister dis 4 degrees, plus or minus .2 degre		oholic breath	n simulator thermometer shows
2.	v	erify instrument displays time a	nd date;		
3.	Ir	nitiate breath test sequence;			
4.	E	nter information as prompted;			
5.	. v	erify instrument accuracy;			
6.	. <b>V</b>	/hen "PLEASE BLOW" appear	s, collect breath sample;		
7.	. <b>V</b>	hen "PLEASE BLOW" appear	s, collect breath sample;		
8.	. Р	rint test record;			
9.	. V	erify Diagnostic Program; and			
10.	si	erify that the ethanol gas canisted mulator solution is being change thichever occurs first.			
procedu	that on the res were pe nent of Hea	day of Nove rformed on the instrument indicate the and Human Services, and the	MBER, 20_/ ated above, in accordance instrument is functioning	with curren	going preventive maintenance at regulations of the N.C.
GREAT OF A	STATE OF NOAD AND 20. 1775 NOA	Signat	ure of Certifying Official	A. Control of the Con	578 Certificate Number

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 11/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:16pm 1:17pm 1:18pm 1:19pm
SUB TEST	.00	1:20pm
AIR BLK SUB TEST	.00 .00	1:21pm 1:22pm
AIR BLK	.00	1:23pm

Repented AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 174
Test Date: 11/29/2010 Test Time: 1:25pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

# Blank Tests

Test	Status	Time
ATR	Pass	1:26pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance Status: Pass

Analyst

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

County	4 VIC	Instrument Location Davie Co Jail
Instrument Seria	ul No. <u>008905</u>	Mocksville, N.C.
The preventive r		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	and date;
· 3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ears, collect breath sample;
7.	When "PLEASE BLOW" appe	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	i
10.		ster is being changed before expiration date, or the alcoholic breath aged every four months or after 125 Alcoholic Breath Simulator tests,
	performed on the instrument ind	venue, 20 ( ) the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. he instrument is functioning properly.
OF THE STATE OF A PART OF THE STATE OF A PART OF THE STATE OF A PART OF THE STATE O	CAROLII	Kein Dans 642

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

Signature of Certifying Official

Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 11/17/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:45pm 1:46pm 1:46pm 1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 623
Test Date: 11/17/2010 Test Time: 1:52pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

1:53pm

1:53pm

COMP

CAL

Analyst

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

County	AVIDSON Instrument Location / EXINGTON Police
Instrument Se	rial No. 008883 Department
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
CRAY STATE OF THE CONTROL OF THE CON	-C/-/ Reen Hear Ot I
	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 11/16/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:46pm 2:46pm 2:47pm 2:49pm 2:49pm 2:50pm 2:52pm
AIR BLK	.00	2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 718
Test Date: 11/16/2010 Test Time: 2:53pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:54pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
BT	Pass	2:54pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2 · 54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:54pm

Pass

2:54pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	nion	Instrument Location_	Maxhaw	P.D
Instrument Seria	1 No. <u>008598</u>	703 W.	South Main S 3-0353	St. Suite E Waxhaw
The preventive n	naintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed a	at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		ilcoholic breath simulator	r thermometer shows
2.	Verify instrument displays tir	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	<del>;</del> ;	
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed befinanged every four months o	ore expiration date, or the rafter 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
I certify that on the				
AND STATE OF THE S	CAROLIN	Alex D. U	XIVis 5	tifeata Number

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 11/23/2010

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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

9/2101	Time
Pass .00 .08	12:22pm 12:23pm 12:23pm 12:24pm
.00	12:25pm
.00	12:25pm
.00	12:27pm
.00	12:28pm
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D Willes

# UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 294 Test Date: 11/23/2010 Test Time: 12:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:30pm 12:30pm 12:30pm 12:30pm 12:30pm
<i>ـ ب</i>	1 425	12.JUPIII

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:30pm

Pass 12:30pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County		strument Location	Courth	ouse
Instrument Seria	al No. 008827 <u>H</u>	104-732-	25g 9020	ncolnton
The preventive r four months are:	maintenance procedures for the Intoxin	neters, Model Intox E	C/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of		coholic breath simu	ulator thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister i simulator solution is being changed whichever occurs first.	s being changed before every four months or	re expiration date, after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
I certify that on procedures were Department of I	the	ender, 20 d above, in accordanc strument is functioning	e with current regu	g preventive maintenance ulations of the N.C.
THE STATE OF THE STATE OF THE COLUMN TO THE STATE OF THE COLUMN TO THE STATE OF THE COLUMN TO THE STATE OF TH	BAR	e of Gertifying Officia	)( <i>Olis</i> _	557 Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 11/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:53am 10:55am 10:55am 10:56am 10:57am 10:57am
AIR BLK	.00	11:00am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley O. Willis Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 716
Test Date: 11/05/2010 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

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

CAL Pass 11:03am

Preventive Maintenance Status: Pass

Bolly D. Willis

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

County	ncoln	Instrument Location Courty	10456
Instrument Seria	al No. <u>() () () () () () () () () () () () () (</u>	#1 Courthouse Sq., L 704-732-9020	incolnton
The preventive r		toximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	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	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 canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration d nged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures were Department of I	e performed on the instrument ind	the forglicated above, in accordance with current he instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CREAT STATE OF THE CREAT STATE O	Carolina Anna Anna Anna Anna Anna Anna Anna A	Alex D. Willer	

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 11/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:28am 11:29am 11:30am 11:31am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

BOOLEY D. Willis

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 654
Test Date: 11/05/2010 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

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

# 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	11:37am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Olly D. Willis malyst

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

	INTUATIVIETERS	o, MIODEL INTOX EC/IR	. 11
County	edell	Instrument Location Trede!	I County S.D.
Instrument Seria	al No. <u>008809</u>	121 E. Water St., 1704 878-3131	Statesville
The preventive i	**	imeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath se centigrade;	simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration da devery four months or after 125 Alcoh	
		ed above, in accordance with current r	oing preventive maintenance regulations of the N.C.
OF THE STATE OF THE OF	Signatu	Ruy (, Wllie) re of Certifying Official	557 Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 11/03/2010

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

Analyst's Name: WILLIS, BOBBY D

Driver's License Number: NONE

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: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:59pm 2:00pm 2:00pm 2:01pm 2:02pm 2:04pm
SUB TEST AIR BLK	.00 .00	2:06pm 2:07pm
$\nabla T T \nabla = \nabla T T \nabla$	. 0 0	2.0/pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

. Court CVR

Analysi

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 1351 Test Date: 11/03/2010 Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
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	2:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:10pm 2:10pm

Preventive Maintenance Status: Pass

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

	INTUATMET	.eks, Model intox ec/ik	. 11
County	redell	Instrument Location States	ville P.D.
Instrument Ser	rial No. <u>008619</u>	330 S. Trodd St.	Statesville
		704-878-3406	
The preventive four months ar	· · · · · · · · · · · · · · · · · · ·	ne Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath set degree centigrade;	simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration da changed every four months or after 125 Alcoh	
	re performed on the instrument	indicated above, in accordance with current in the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
ON THE STATE OF THE CORE AT TH	CAROLINA STATE OF THE STATE OF	Bignature of Certifying Official	Certificate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 11/03/2010

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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:58pm 12:59pm 1:00pm 1:01pm 1:01pm 1:03pm 1:04pm
AIR BLK	.00	1:06pm

Reported AC: \_ .00 g/210L

Signature of Chemical Analyst

Court CVR

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 538 Test Date: 11/03/2010 Test Time: 1:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

#### Blank Tests

Test Status Time
AIR Pass 1:08pm

#### Printer Tests

Test Status Time

PRNT Pass 1:08pm

CRC Tests

Test Status Time

COMP Pass 1:08pm
CAL Pass 1:08pm

Preventive Maintenance Status: Pass

ynalyst

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

County 1	Instrument Location Moovesii / P.D.
Instrument Seria	al No. 008685 750 W. Tredell Ave Mooresville
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
A STATE OF	Bolly William 557  Signature of Certifying Official Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 11/01/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

eported AC: .00 g/210L

Chemical Analyst Signature 4

Court CVR

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 1086 

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	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance Status: Pass

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

County Hayli	Instrument Location Haywood Co. Jail		
Instrument Serial	No. 008712 Waynesville, NC		
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on t procedures were Department of H	he <u>S</u> day of <u>November</u> , 20 <u>10</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.		
STATE OF NO.	Signature of Certifying Official Certificate Number		

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 11/18/2010

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: 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: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:22pm 12:23pm 12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 844 Test Date: 11/18/2010 Test Time: 12:19pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

Analyst

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

County Hay	wood	Instrument Location Hay	wood Co. Jail
Instrument Seria	1 No. <u>008606</u>	Waynesville,	NC
The preventive r four months are:	•	toximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		c breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures were	the <u>/</u> day of <u>/</u> or performed on the instrument ind lealth and Human Services, and the	icated above, in accordance with	
OTHE STATE OF A STATE	Sign	ature of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008606 Test Date: 11/18/2010

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: 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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:01pm 12:02pm 12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008606 Test Record Number: 181
Test Date: 11/18/2010 Test Time: 12:11pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR	Pass	12:12pm	

#### Printer Tests

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

Pass

12:12pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County_	Jackson	Instrument Location	ckson Co. Jail
Instrume	nt Serial No. <u>008708</u>	Sylva, NC	
The preve		Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		olic 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	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify procedur Departm	that on the day of day of day of res were performed on the instrument i ent of Health and Human Services, and	ndicated above, in accordance we the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
GREAT SEA	STATE OF MORE CAROLINATION OF THE PROPERTY OF	R. Catholignature of Certifying Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 11/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 590 Test Date: 11/22/2010 Test Time: 12:45pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

12:46pm

12:46pm

Analyst

COMP

CAL

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

County Jac	Lsoh Instrument L	ocation Jackson	Co. Jail
Instrument Seria	INO. <u>008722                                  </u>	A, NC	
The preventive four months are	naintenance procedures for the Intoximeters, Mod	el Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	, or the alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breat	h sample;	
7.	When "PLEASE BLOW" appears, collect breat	h sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being charsimulator solution is being changed every four ruhichever occurs first.		
I certify that on procedures were Department of I	the 22 day of November performed on the instrument indicated above, in lealth and Human Services, and the instrument is	, 20 <u>/0</u> the forgoi accordance with current re functioning properly.	ng preventive maintenance gulations of the N.C.
SEE QUAM VOEW OF THE STATE OF T	Opin K. Lat	- · · · · · · · · · · · · · · · · · · ·	- 635
	Signature of Certifyi	ng Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 11/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTNANCE

Subject'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 .08	12:37pm 12:38pm 12:38pm
AIR BLK SUB TEST	.00 .00	12:39pm 12:40pm
AIR BLK	.00	12:41pm
SUB TEST AIR BLK	.00 .00	12:43pm 12:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 400 Test Date: 11/22/2010 Test Time: 12:44pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

#### Blank Tests

Test	Status	'l'ıme
AIR	Pass	12:45pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County C	eene	Instrument Location Steph	0650.
Instrument Seria	al No. <u>008670</u>	301 N. Greene S	ty Snow Hill, NC
The preventive four months are		ntoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	•
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ıd	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before expiration inged every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
	e performed on the instrument in	Jen ber , 20 / 0 the f dicated above, in accordance with curr the instrument is functioning properly	ent regulations of the N.C.
CREATE OF CHANGE OF THE CORNER	NOS.TH. CAROUMA	nature of Certifying Official	

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 11/10/2010

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:02pm
AIR BLK	.00	4:03pm
ACCY CHK	.08	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
ATR BLK	. 0.0	4 : 0.9  pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1035 Test Date: 11/10/2010 Test Time: 4:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:11pm
FLO	Pass	4:11pm
FC	Pass	4:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:11pm
SRC	Pass	4:11pm
DET	Pass	4:11pm
BAR	Pass	4:11pm
BT	Pass	4:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

#### Printer Tests

mima

1686	Status	True
PRNT	Pass	4:11pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	4:12pm
CAL	Pass	4:12pm

Preventive Maintenance Status: Pass

Analyst

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

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once e four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	County_	onslow	Instrument Location /7	tolly Ridge PD
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	Instrum	ent Serial No. <u>60889</u> 2		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	•	•	or 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	1			lic breath 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	2	Verify instrument displa	ays 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	3	Initiate breath test seque	ence;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	4	Enter information as pro	ompted;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	5	Verify instrument accur	racy;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	6	When "PLEASE BLOV	V" 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	7	. When "PLEASE BLOV	V" appears, collect breath sample;	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	8	. Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	9	. Verify Diagnostic Progr	ram; 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 be		
TOTAL OF A COLUMN	procedu	res were performed on the instrun	nent indicated above, in accordance with	th current regulations of the N.C.
Signature of Certifying Official Certificate Number	GREAT SET	STATE OF ALL OF THE CARD OF TH	Signature of Certifying Official	Certificate Number

#### ONSLOW COUNTY HOLLY RIDGE PD 660

Serial Number: 008882 Test Record Number: 77 Test Date: 11/19/2010 Test Time: 9:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:24pm 9:24pm

Preventive Maintenance Status: Pass

Tr. C. Malyst

ONSLOW COUNTY HOLLY RIDGE PD 660

Serial Number: 008882 Test Date: 11/19/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:31pm 9:32pm 9:32pm
AIR BLK SUB TEST	.00	9:33pm <b>9:34pm</b>
AIR BLK SUB TEST	.00 .00	9:35pm <b>9:37pm</b>
AIR BLK	.00	9:37pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County	Wake	Instrument Location []AT	nobite Court #3	
Instrument S	Serial No. <u>008600</u>	CANY		
The prevent four months		Intoximeters, Model Intox EC/IR II to	be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre egree centigrade;	ath simulator thermometer shows	
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	<b>l</b> ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,	
procedures	were performed on the instrument in	When Blen , 20 / D the strength the instrument is functioning properly	rent regulations of the N.C.	
VIEW OF THE CAREATORY O		anature of Certifying Official	Certificate Number	

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 716
Test Date: 11/19/2010 Test Time: 10:44pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:46pm 10:46pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/19/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:29pm 10:30pm 10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:32pm
AIR BLK	.00	10:33pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

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

County	Wake	Instrument Location / Bat	MOBILE LINIT #5
Instrument	t Serial No. <u>(20</u> 86.98	CANY	<i>f.</i>
The prever	ntive maintenance procedures for the Into:	ximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		breath simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.		ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify the procedures Department	hat on the 19th day of Nove es were performed on the instrument indica int of Health and Human Services, and the	ated above, in accordance with construment is functioning prope	ne forgoing preventive maintenance current regulations of the N.C. rly.
COREAT SE	TATE OF NORTH CONTROL OF THE STATE OF THE ST	Cartifying Official	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 591 Test Date: 11/19/2010 Test Time: 10:54pm EST

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	10:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:56pm 10:56pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/19/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:47pm 10:48pm 10:48pm
AIR BLK SUB TEST	.00	10:49pm 10:50pm
AIR BLK	.00	10:51pm
SUB TEST AIR BLK	.00	10:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Instrument Location Capt C	Cartenet
Instrument Seria	INO. 8901 10WM	Ha 11
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	ollowed 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.
OF THE STATE OF MARINE THE STATE OF THE STATE O	Signature of Certifying Official	634 Certificate Number

CARTERET COUNTY CAPE CART. TOWN HALL

150

Serial Number: 008901 Test Date: 11/18/2010

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

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

10/01/2009-10/01/2011

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	1:25pm 1:25pm 1:26pm 1:27pm 1:27pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	1:28pm 1:30pm 1:31pm

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

#### CARTERET COUNTY CAPE CART. TOWN HALL 150

Serial Number: 008901 Test Record Number: 279
Test Date: 11/18/2010 Test Time: 1:31pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:33pm

Analyst

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

Serial No. <u>8613</u>		10WN	Hall
ive maintenance procedures for the are:	e Intoximeters, Model Intox E	EC/IR II to be fo	llowed at least once every
		lcoholic breath s	imulator thermometer show
Verify instrument displays t	ime and date;		
Initiate breath test sequence	;		
Enter information as prompt	ted;		
Verify instrument accuracy;			
When "PLEASE BLOW" a	appears, collect breath sample	7	
When "PLEASE BLOW" a	appears, collect breath sample	;	
Print test record;			
Verify Diagnostic Program;	and		
Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before changed every four months or	ore expiration da after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
were performed on the instrument	indicated above, in accordan	ce with current r	oing preventive maintenance regulations of the N.C.
STE O'NO ON THE CARBOLINA	THOMY K		Certificate Number
	Verify the ethanol gas canis 34 degrees, plus or minus .2  Verify instrument displays to Initiate breath test sequence Enter information as prompout Verify instrument accuracy;  When "PLEASE BLOW" as When "PLEASE BLOW" as Print test record;  Verify Diagnostic Program;  Verify that the ethanol gas as simulator solution is being as whichever occurs first.  It on the	Verify the ethanol gas canister displays pressure, or the a 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 simulator solution is being changed every four months or whichever occurs first.  It on the	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 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 da simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.  It on the

CARTERET COUNTY CAPE CART. TOWN HALL 150

> Serial Number: 008613 Test Date: 11/18/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
------	--------	------

DIAG	Pass	1:25pm
AIR BLK		1:25pm
ACCY CH	K .08	1:26pm
AIR BLK	.00	1:27pm
SUB TES	T .00	1:27pm
AIR BLK	.00	1:28pm
SUB TES	T .00	1:31pm
AIR BLK	.00	1:32pm

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

CARTERET COUNTY CAPE CART. TOWN HALL 150

Serial Number: 008613 Test Record Number: 527 Test Date: 11/18/2010 Test Time: 1:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

#### Printer Tests

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

		·
COMP	Pass	1:34pm
CAL	Pass	1:34pm

Preventive Maintenance Status: Pass

Analyst

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

County	ONSLOW	Instrument Location	Lejeune AME
Instrument	t Serial No. <u>00 89/9</u>	-	
The prever		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 be degree centigrade;	eath simulator 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	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expirate changed every four months or after 125	
•	s were performed on the instrument	November 20 10 the indicated above, in accordance with cund the instrument is functioning properly	rrent regulations of the N.C.
SET CREATER OF THE CR	TATE OF NORTH CAROLINA 12. TTO	2. <i>e 11 11</i> 1	wanted as I
White the same of		Core SHOLL Signature of Certifying Official	354 Certificate Number
	_	3 · · · · · · · · · · · · · · · · · · ·	A tomax of the file

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919 Test Date: 11/03/2010

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:48am 9:49am
ACCY CHK	.07	9:49am
AIR BLK	.00	9:50am
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

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

Kany E Hall
Analyst

Rev. 12/2007

#### ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919 Test Record Number: 259
Test Date: 11/03/2010 Test Time: 9:55am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:55am
FLO	Pass	9:55am
FC	Pass	9:55am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:55am
SRC	Pass	9:55am
DET	Pass	9:55am
BAR	Pass	9:55am
BT	Pass	9:55am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:56am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:56am 9:56am

Preventive Maintenance Status: Pass

Analyst

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

County_	Ouslow Instrument Location JACKSONVILLE AL.
Instrume	nt Serial No. <u>008930</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
SISTER GREAT CO.	<u> </u>
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 11/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:14am 11:15am 11:15am 11:16am <b>11:17am</b>
AIR BLK	.00	11:18am
SUB TEST	.00	11:20am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 850 Test Date: 11/15/2010 Test Time: 11:21am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test

CAL

PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:23am

Pass

Status

Time

11:23am

Preventive Maintenance Status: Pass

Analyst

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

County ON:	5/00	Instrument Location <u> </u>	U County
Instrument Seria	l No. <u>008932</u>	SHERIFF'S OFFICE	
The preventive r		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 Alc	
procedures were	e performed on the instrument inc	OEMBER, 20 18 the for dicated above, in accordance with currer the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
A STATE OF THE STA	for the state of t	nature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 11/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.08	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:10pm
ATR BLK	.00	12:11pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 732 Test Date: 11/15/2010 Test Time: 12:19pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:20pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

Analyst

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

County	ONSLO	142	Instrument Location_	BASKACI)	County
Instrumen	t Serial No.	008931	SHERIFFS	Defense from La Long	
The preve		nance procedures for the	Intoximeters, Model Intox	EC/IR II to be foll	owed at least once every
1.		fy the ethanol gas caniste egrees, plus or minus .2 o	er displays pressure, or the a degree centigrade;	alcoholic breath sir	nulator thermometer shows
2.	Veri	fy instrument displays tir	me and date;		
3.	Initia	ate breath test sequence;			
4.	Ente	er information as prompte	ed;		
5.	Veri	fy instrument accuracy;			
6.	Whe	en "PLEASE BLOW" ap	ppears, collect breath sample	ə;	
7.	Whe	When "PLEASE BLOW" appears, collect breath sample;			
8.	Prin	t test record;			
9.	Veri	fy Diagnostic Program; a	and		
10.	simu		nnister is being changed bef nanged every four months o		
I certify the procedure Departme	nat on thees were perfo nt of Health	day of	ndicated above, in accordar d the instrument is function	the forgoince with current reging properly.	ng preventive maintenance gulations of the N.C.
CREAT GREAT GREAT GRANDS	TATE OF MORE LE CAROLLINE 12. 078-01 12. 078-01 12. 078-01 12. 078-01 12. 078-01	2.50	gnature of Certifying Offic	? ·	354 Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 11/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:03pm 12:04pm 12:04pm 12:05pm 12:06pm 12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 1338
Test Date: 11/15/2010 Test Time: 12:10pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:10pm 12:10pm
FC	Pass	12:10pm

#### Temperature Tests

FC1 Pass 12:10pm SRC Pass 12:10pm DET Pass 12:10pm BAR Pass 12:10pm	Test	Status	Time
BT Pass 12:10pm	SRC	Pass	12:10pm
	DET	Pass	12:10pm
	BAR	Pass	12:10pm

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	12:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm
(	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:11pm 12:11pm

Preventive Maintenance Status: Pass

Analyst

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

ul No. <u>00 88/9</u>	
	Model Intox EC/IR II to be followed at least once every
	sure, or the alcoholic breath simulator thermometer shows de;
Verify instrument displays time and date;	
Initiate breath test sequence;	
Enter information as prompted;	
Verify instrument accuracy;	
When "PLEASE BLOW" appears, collect b	reath sample;
When "PLEASE BLOW" appears, collect b	reath sample;
Print test record;	
Verify Diagnostic Program; and	
	changed before expiration date, or the alcoholic breath ur months or after 125 Alcoholic Breath Simulator tests,
the <u>/5</u> day of <u>November</u> e performed on the instrument indicated above. Health and Human Services, and the instrumen	the forgoing preventive maintenance in accordance with current regulations of the N.C. t is functioning properly.
<u> </u>	at 4 S.
:; 1	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect b When "PLEASE BLOW" appears, collect b Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008819 Test Date: 11/15/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Teat

Tesc	9/21011	TIME
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

a/2101. Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

arely E-Holl
Analyst

#### ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008819 Test Record Number: 282 Test Date: 11/15/2010 Test Time: 1:35pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	1:36pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:36pm

CAL

Analyst

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

County CAS	eteret	Instrument Location_	CARteret County
Instrument Seria	1No. 008605	SHERIFFS	OFFICE
The preventive n four months are:	· · · · · · · · · · · · · · · · · · ·	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		clcoholic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample	y;
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures were	theday oflogo performed on the instrument ind lealth and Human Services, and t	icated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
TANK STATE OF AN AND THE S	Court CAROLINA	eg E-Half	J 354
	***************************************	nature of Certifying Offici	

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 11/16/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	t	g/210L	Time
ACC.	BLK Y CHK	Pass .00	10:49am 10:50am 10:50am
	BLK TEST	.00 .00	10:51am <b>10:52am</b>
	BLK TEST	.00	10:53am
	BLK	.00	<b>10:55am</b> 10:55am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 1867
Test Date: 11/16/2010 Test Time: 10:56am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:57am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:57am
(	CRC Tests	
Test	Status	Time
COMP	Pass	10:57am

Preventive Maintenance Status: Pass

Pass

10:57am

CAL

Analyst

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

County_CAR	rteret Instrument Location Morch	ead City P.L.
Instrument Seria	I No00873/	
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 breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
procedures were	theday of	rgoing preventive maintenance at regulations of the N.C.
Of the STATE OF A STAT	Signature of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 11/16/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:35am 11:35am 11:36am 11:37am <b>11:37a</b> m
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
ATR BIK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 865
Test Date: 11/16/2010 Test Time: 11:41am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:42am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_	LAKTO	a performance of the performance	Instrument Location Athan tic	Beach A.D.
Instrum	ent Serial	No. <u>008785</u> _		
	ventive months are:	naintenance procedures for the Intox	imeters, Model Intox EC/IR II to be fo	llowed at least once every
1		Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath secentigrade;	imulator thermometer shows
2	·	Verify instrument displays time and	d date;	
3		Initiate breath test sequence;		
4	<b>.</b> .	Enter information as prompted;		
5	<b>i</b> .	Verify instrument accuracy;		
6	<b>ó</b> .	When "PLEASE BLOW" appears,	collect breath sample;	
7	7.	When "PLEASE BLOW" appears,	collect breath sample;	
8	3.	Print test record;		
9	€.	Verify Diagnostic Program; and		
10			is being changed before expiration da l every four months or after 125 Alcoh	
procedi	ures were	he	ed above, in accordance with current in the forgon in the	oing preventive maintenance regulations of the N.C.
GREAT SE	AND 12, THE	CAROLINA W CAROLINA		
3. * A. C.	DE QUAM VIDER!	<u>Kan</u>	4 E-Hall	354
		Signatu	e of Certifying Official	Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 11/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:36am 10:37am 10:37am 10:38am <b>10:39am</b> 10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 404
Test Date: 11/17/2010 Test Time: 10:44am EST

System Check: Passed

#### Baseline Tests

10:44am 10:44am 10:44am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
$\mathtt{BT}$	Pass	10:45am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:45am

Pass

10:45am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	CARTERET Instrument Location EMERALD ISLE A.D.		
Instrumer	nt Serial No. <u>008620</u>		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedure	that on the		
MIN GREAT SE	TATE of North		

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 11/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 1055 Test Date: 11/17/2010 Test Time: 11:31am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

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

Pass

11:32am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County_	CRAVEN Instrument Location HAUCLOCK P.D.		
Instrume	nt Serial No. OO8800		
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedur	that on the		
GREAT SE	STATE ON TOP TO THE STATE OF CARTIFUL OF C		

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 11/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 344 Test Date: 11/17/2010 Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance Status: Pass

Rang EHID
Analyst

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

County	Instrument Location MCAS CHERRY BINT P.M.O
Instrum	Serial No
The pre	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3	Initiate breath test sequence;
4	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedi	at on the day of
ATT CINEAT SEA	Range Half 354
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 11/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 160 Test Date: 11/17/2010 Test Time: 1:17pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

#### Printer Tests

Test

Status Time

PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:19pm 1:19pm

Preventive Maintenance Status: Pass

Analyst

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

County_	CRAVEN Instrument Location New BERN A.D.
Instrume	nt Serial No
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify to procedur Departme	hat on the
GREAT SEA	TATE ON TO THE CONTROL OF CONTINUES OF CONTI

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 11/18/2010

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: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:46am 10:47am 10:48am 10:49am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 387

Test Date: 11/18/2010

Test Time: 10:54am EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:55am

#### Printer Tests

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

Pass 10:55am COMP CAL Pass 10:55am

Preventive Maintenance Status: Pass

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

County_	CRAVEN	Instrument Location_	CRAVEN	County
Instrume	ent Serial No. <u>OO 8732</u>	SHERIFFIS	O FIFE	#
	ventive maintenance procedures for the Intonths are:	ximeters, Model Intox	EC/IR II to be foll	lowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		ilcoholic breath sii	mulator thermometer shows
2	. Verify instrument displays time a	nd date;		
3.	. Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6	. When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;		
7	. When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;		
8	. Print test record;			
9	. Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canistonistic simulator solution is being chang whichever occurs first.			
procedu	that on the day of	ated above, in accordar	nce with current re	ng preventive maintenance gulations of the N.C.
CONTRACTOR OF STATE O	CAM VIDER 1	4EHall	)	354
	Signat	are of Certifying Offic	ial	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 11/18/2010

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 656 Test Date: 11/18/2010 Test Time: 11:42am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO	Pass	11:42am
FC	Pass	11:42am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:42am
SRC	Pass	11:42am
DET	Pass	11:42am
BAR	Pass	11:42am
BT	Pass	11:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:43am

#### Printer Tests

'l'est	Status	Time
PRNT	Pass	11:43am
(	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:43am 11:43am

Preventive Maintenance Status: Pass

Analyst

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

County	INCS	Instrument Location Jones	: County
Instrument Ser	rial No. <u>008705</u>	SHERIFFS OFFICE	
The preventive four months ar	*	Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 Alc	
procedures we	ere performed on the instrument in	the for ndicated above, in accordance with currer d the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
CREATES THE CAREATES THE CONTROL OF THE CAREATES THE CARE	OR H CAROLINA	wy E-Hall	354 Continue VIII

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 11/18/2010

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: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:25pm 12:26pm 12:26pm 12:27pm 12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Signature of Chemical Analyst

Court CVR

#### JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 583 Test Date: 11/18/2010 Test Time: 12:32pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:32pm
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 CAL	Pass Pass	12:33pm 12:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	PAMLICO	Instrument Location Panki	co County
Instrument	t Serial No. <u>008640</u>	SHERIFFS OFFICE	eriji Here
The prever		he Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	e;	
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.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedure	es were performed on the instrumer	the formula the indicated above, in accordance with current and the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
CREAT SEA	CAROUM	Care of Explored	354 Certificate Number

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 11/18/2010

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: HALL, RANDY E Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:53pm 1:54pm 1:54pm 1:55pm 1:56pm 1:57pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 741
Test Date: 11/18/2010 Test Time: 2:00pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:01pm

Pass 2:01pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County_	Granulle Instrument Location BAT Mobile Unit 4
Instrum	ent Serial No. OO 827
•	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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;
ç	Verify Diagnostic Program; and
10	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedi	that on the <u>30</u> day of <u>1000000000000000000000000000000000000</u>
THE GREAT SET	STATE of North Andrews of Certifying Official Certificate Number

#### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871 Test Record Number: 325
Test Date: 11/20/2010 Test Time: 9:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:11pm
FLO	Pass	9:11pm
FC	Pass	9:11pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
$\mathtt{BT}$	Pass	9:11pm

#### Blank Tests

Test	Status	'l'ıme
ΔTR	Dagg	9 · 1 2 nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:12pm

Preventive Maintenance Status: Pass

Pass

9:12pm

CAL

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008871 Test Date: 11/20/2010

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 State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 10/02/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	9:03pm 9:04pm 9:04pm 9:05pm 9:06pm 9:07pm 9:08pm
AIR BLK	.00	9:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	SURRY	Instrument Location	Elkin P.D.	
Instrument Ser	rial No. <u>00 89 7 6</u>			
The preventive four months as	e maintenance procedures for the	: Intoximeters, Model Intox EC	TR II to be followed at least onc	e every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		holic breath simulator thermome	eter shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ag	ppears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.			expiration date, or the alcoholic er 125 Alcoholic Breath Simula	
procedures we	on the <u>J</u> day of <u>N</u>	ndicated above, in accordance v	vith current regulations of the N	ntenance I.C.
STATE OF THE STATE	NO MIN CAROLINA SI	gnature of Certifying Official	Certificate Nun	, mher

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 11/22/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:46pm 1:47pm 1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 369
Test Date: 11/22/2010 Test Time: 1:53pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:54pm
SRC	Pass	1:54pm
DET	Pass	1:54pm
BAR	Pass	1:54pm
BT	Pass	1:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	

Test	Status	Time	
COMP	Pass	1:55pm	
CAL	Pass	1:55pm	

Preventive Maintenance Status: Pass

Analyst

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

County	Surry	Instrument Location Suga	y Co Jail
Instrument	Serial No. <u>0089</u>	34	······································
The prevent	•	res for the Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.		gas canister displays pressure, or the alcoholic breaminus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument of	displays time and date;	
3.	Initiate breath test	sequence;	
4.	Enter information a	as prompted;	
5.	Verify instrument a	accuracy;	
6.	When "PLEASE B	LOW" appears, collect breath sample;	
7.	When "PLEASE B	LOW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic	Program; and	
10.		anol gas canister is being changed before expiration is being changed every four months or after 125 A first.	
procedures	were performed on the in	of November , 20 10 the forstrument indicated above, in accordance with currervices, and the instrument is functioning properly.	ent regulations of the N.C.
TO THE CAREAT SO.	STE ON NO ON THE CAROLINIA WARRENT TO THE CARO	Signature of Certifying Official	Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 11/22/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:28pm 12:29pm 12:30pm 12:31pm
SUB TEST AIR BLK	.00	12:31pm 12:32pm
SUB TEST AIR BLK	.00 .00	12:34pm 12:34pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 634
Test Date: 11/22/2010 Test Time: 12:35pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:36pm 12:36pm

Preventive Maintenance Status: Pass

Analyst

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

County	SUPRY	Instrument Location Moc	INT ALRY P.D
Instrumen	t Serial No. <u>0089</u> 4	13	
The prevention four month		es for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		as canister displays pressure, or the alcoholic bi ninus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument di	splays time and date;	
3.	Initiate breath test se	equence;	
4.	Enter information as	s prompted;	
5.	Verify instrument ac	ccuracy;	
6.	When "PLEASE BL	OW" appears, collect breath sample;	
7.	When "PLEASE BL	OW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pr	rogram; and	
10.		nol gas canister is being changed before expiration being changed every four months or after 125 est.	
	s were performed on the inst	of November , 20 10 the trument indicated above, in accordance with curvices, and the instrument is functioning properly	
STATE COREAL STATE OF THE COREAL STATE OF THE CORE OF	ATE OF NORTH CAROLINA ANY VIDENT	Signature of Cartifying Official	Cortificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 11/22/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:42am 11:43am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:48am
ATR BLK	.00	11:48am

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

#### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 767
Test Date: 11/22/2010 Test Time: 11:49am EST

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

COMP

CAL

PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time

Status

Time

11:50am

11:50am

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

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

County	SURRY	Instrument Location	1.7 Mountain P. )
Instrumen	nt Serial No. <u>008</u>	738	
The preve		res for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.		gas canister displays pressure, or the alcohol minus .2 degree centigrade;	ic breath simulator thermometer shows
2.	Verify instrument d	lisplays time and date;	
3.	Initiate breath test s	equence;	
4.	Enter information a	s prompted;	
5.	Verify instrument a	ccuracy;	
6.	When "PLEASE BI	LOW" appears, collect breath sample;	
7.	When "PLEASE BI	LOW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic P	Program; and	
10.	Verify that the ethan simulator solution is whichever occurs fi	nol gas canister is being changed before exp s being changed every four months or after rst.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedure	es were performed on the ins	of <u>November</u> , 20 10 trument indicated above, in accordance with rvices, and the instrument is functioning pro	
S S S S S S S S S S S S S S S S S S S	TATE CON OPEN CAROLINA 20. 1772  CAROLINA LE. CITTE LAM VORME *		
	and the second s	Signature of Certifying Official	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 11/22/2010

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:54am 10:55am 10:55am 10:56am 10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 247 Test Date: 11/22/2010 Test Time: 11:01am EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:03am

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	Stylees	Instrument Location	King	
Instrumen	t Serial No. <u>0086/</u>		**************************************	
The preve four monti		for the Intoximeters, Model Intox E	C/IR II to be follow	wed at least once every
1.		canister displays pressure, or the alc nus .2 degree centigrade;	oholic breath simu	lator 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	uracy;		
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 Prog	gram; and		
10.		gas canister is being changed before eing changed every four months or a		
	s were performed on the instru	ment indicated above, in accordance ces, and the instrument is functioning	with current regul	preventive maintenance ations of the N.C.
LS HAZE OR FAT SO THE STATE OF	ATE Oo NO PLAN CAROLLAN AN VIDEN			632
	mental de la companya	Signature of Certifying Official	•	Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 11/19/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:31am 11:31am 11:32am 11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:34am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

#### STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 836 Test Date: 11/19/2010 Test Time: 11:38am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:38am 11:38am 11:38am 11:38am
BT	Pass	11:38am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39am 11:39am

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County	Instrument Location Stokes 6. Ja./
Instrument Seria	al No. <u>008596</u>
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 19 day of 1000mbor , 2010 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 11/19/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Agnature of Chemical Analyst

Court CVR

, ....,..

### STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 443 Test Date: 11/19/2010

Test Time: 10:20am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:20am
FLO	Pass	10:20am
FC	Pass	10:20am

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:21am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:21am
CAL	Pass	10:21am

Preventive Maintenance Status: Pass

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

County	Dockingham	Instrument Location_	Madison	
Instrument So	erial No. <u>OO 8862</u>			
The preventive four months a	ve maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be followed	i at least once every
1.	Verify the ethanol gas canisi 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	alcoholic breath simulat	or thermometer show
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	<b>;</b>	
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 before hanged every four months or	ore expiration date, or the after 125 Alcoholic Br	ne alcoholic breath reath Simulator tests,
	on the day of ere performed on the instrument of Health and Human Services, an		ce with current regulati	eventive maintenance ons of the N.C.
OF THE STATE OF TH		ignature of Certifying Officia	monte postulario.	ftificate Number

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 11/16/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:39am 11:40am 11:41am
AIR BLK	.00	11:42am
SUB TEST AIR BLK	.00 .00	11:42am 11:43am
SUB TEST AIR BLK	.00 .00	11:45am 11:46am

Reported AC , 00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 314
Test Date: 11/16/2010 Test Time: 11:46am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:47am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:47am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:47am
CAL	Pass	11:47am

Preventive Maintenance Status: Pass

Analyst

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

County	Hadkin Instrument Location Yadkinulle P.D.		
Instrumer	nt Serial No. <u>008925</u>		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedur	that on the		
GREAT SEA	CAROL MARIE CONTROL MARIE CONT		

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 11/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	4:00pm
AIR BLK	.00	4:00pm
ACCY CHK	.08	4:01pm
AIR BLK	.00	4:02pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm

Reported AC: > 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 198
Test Date: 11/15/2010 Test Time: 4:07pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:07pm
FLO	Pass	4:07pm
FC	Pass	4:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:07pm
SRC	Pass	4:07pm
DET	Pass	4:07pm
BAR	Pass	4:07pm
BT	Pass	4:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:08pm

Preventive Maintenance Status: Pass

Pass

4:08pm

CAL

Analyst

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

County	Korsy Hh	Instrument Location_	Kennersalle	<u> </u>
Instrume	nt Serial No. <u>00 8650</u>	***************************************		
The previous four mon	entive 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		alcoholic breath simulator (	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	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	Print test record;		
9.	Verify Diagnostic Program;	and		
10.		Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedur	that on theday of res were performed on the instrument ent of Health and Human Services, an		nce with current regulation	ntive maintenance s of the N.C.
ATTER GREAT SC.	STATE ON TO AND		unacenscenscens. Li	7
	S S	ignature of Certifying Offic		ficate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:52pm
AIR BLK	.00	12:53pm
ACCY CHK	.07	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm

g/210L م g/210L Reported AC

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 608 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	12:59pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
BT	Pass	1:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:00pm
CAL	Pass	1:00pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch **Department of Health and Human Services** 

Analyst

Rev. 12/2007

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

County_	FORSYth Instrument Location Forsyth & Detention
Instrume	nt Serial No. OO8583 Charles
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on the are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
CREAT SEA	SIAIF of Notice of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 11/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time	
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:57am 11:58am 11:59am 12:00pm	
SUB TEST	.00	12:01pm	
AIR BLK	.00	12:02pm	
SUB TEST	.00	12:03pm	
AIR BLK	.00	12:04pm	

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 2680 Test Date: 11/09/2010 Test Time: 12:06pm EST

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	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
$\mathtt{BT}$	Pass	12:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Forsyth Instrument Location Forsyth Co Detention
Instrume	nt Serial No. <u>OO 8660</u> <u>CENTER</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the day of
THE GREAT SEA	STATE OF NORTH OF THE STATE OF

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 11/09/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG	Pass	11:53am
AIR BLK	.00	11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

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

Signature of Chemical Analyst

Court CVR

Charlet

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 1479 Serial Number: 008660 Test Time: 12:00pm EST Test Date: 11/09/2010

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

	INTOXIMETE.	KS, MODEL INTOX EC	
County	<u> </u>	Instrument Location Fors 4	th Co Detection
Instrument Se	erial No. <u>AO 8659</u>		otten
The preventive four months a		ntoximeters, Model Intox EC/IR II to l	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bre gree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
	ere performed on the instrument inc	dicated above, in accordance with current is functioning properly	ent regulations of the N.C.
CONTROL OF THE COURT OF THE COU	AROUM!	nature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 11/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:48am 11:49am 11:49am 11:50am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

.Ø0 g/210L Reported AC:

ignature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 1093 Test Date: 11/09/2010 Test Time: 11:56am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

#### Temperature Tests

SRC Pass 11:57a DET Pass 11:57a BAR Pass 11:57a	Test	Status	Time
DET Pass 11:57a BAR Pass 11:57a			11:57am
BAR Pass 11:57a	SRC	Pass	11:57am
	DET	Pass	11:57am
BT Pass 11:57a	BAR	Pass	11:57am
	$\mathtt{BT}$	Pass	11:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:57am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance Status: Pass

**Analyst** 

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

County \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Instrument Location Assimal (a latin Salay)
Instrument Serial 1	No. 008941 2006. Colonial Avery Classich Cry, 1
The preventive ma	nintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	day of
See Graw Andrew Co. NO. NO. NO. NO. NO. NO. NO. NO. NO. NO	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 11/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:42pm 1:43pm 1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 441 Test Date: 11/02/2010 Test Time: 1:51pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΣΤΡ	Dacc	1.52mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrumer	MECKLENBURG Instrument Location BAT MOBILE UNIT 3  at Serial No. 008707 MINT HILL, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
COREAT SEA	STATE OF VOCAL CARD
The same of the sa	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Hamber

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 11/20/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.08	8:55pm
AIR BLK	.00	8:55pm
SUB TEST	.00	8:56pm
AIR BLK	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Test Record Number: 731 Serial Number: 008707 Test Time: 9:00pm EST Test Date: 11/20/2010

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:01pm
SRC	Pass	9:01pm
DET	Pass	9:01pm
BAR	Pass	9:01pm
BT	Pass	9:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:01pm 9:01pm

Preventive Maintenance Status: Pass

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

County	GUILFORD Instrument Location BAT MOBILE UNIT
Instrument Ser	GUILFORD Instrument Location BAT MOBILE UNIT 3 rial No OO8707 GREENSBORO, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 19 day of 00 , 20 10 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE AND STATE OF THE STAT	A CONTROL OF THE CONT

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 11/19/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:16pm
AIR BLK	.00	9:17pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 724
Test Date: 11/19/2010 Test Time: 9:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:23pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:23pm
SRC	Pass	9:23pm
DET	Pass	9:23pm
BAR	Pass	9:23pm
BT	Pass	9:23pm

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	9:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:24pm 9:24pm

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD Instrument Location BAT MOBILE UNIT S  Serial No. 008736 GREENSBORD, NC
Instrument S	Serial No. 008736 GREENSBORD, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
nrocedures	at on the 19 day of 000, 20 10 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STA CHEAT STATE OF THE CHEAT STA	Alu Ray Banes 648 Signature of Certifying Official Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008736 Test Date: 11/19/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:17pm
AIR BLK	.00	9:18pm
ACCY CHK	.08	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008736 Test Re

Test Record Number: 237
Test Time: 9:24pm EST

Test Date: 11/19/2010 Test Time: 9:24pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	9:24pm
FC	Pass	9:25pm

#### Temperature Tests

Test	Status	Time
FCl	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD	Instrument Location_	BAT	MOBILE UNI	<u>T 3</u>
Instrument	nt Serial No. <u>008 6 47</u>		GREE	MOBILE UNI ENSBORD,	<u>ی</u> (
The prever	entive maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be f	ollowed at least once eve	гу
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the e centigrade;	alcoholic breath	simulator thermometer sl	hows
2.	Verify instrument displays time ar	nd date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	s, collect breath samp	ole;		
7.	When "PLEASE BLOW" appear	s, collect breath samp	ole;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed be ed every four months	efore expiration of or after 125 Alco	late, or the alcoholic brea pholic Breath Simulator t	th ests,
procedure	that on the	ated above, ili accord	ance with curren	going preventive mainten regulations of the N.C.	ance
CORENT SEA	TO LATE OF THE PARTY OF THE PAR	Ray Sacure of Certifying Off	Anes_	648 Certificate Number	r

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 11/19/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:16pm
AIR BLK	.00	9:17pm
ACCY CHK	.08	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ilun Kay Bar Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 963

Test Date: 11/19/2010

Test Time: 9:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:23pm
FLO	Pass	9:23pm
FC	Pass	9:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

#### Blank Tests

Test	Status	Time
מדמ	Pass	9:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

Preventive Maintenance Status: Pass

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

County C	instrument Location UNC-Greenshors
Instrument Seria	al No. 008604 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
STATE OF 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.

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 11/10/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male iver's License State: X

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analys

#### GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 922 Test Date: 11/10/2010 Test Time: 1:39pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

Test

CAL

Status

Time

1:40pm

PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:40pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

Instrument Serial No. 008813  29 W. Main Avenue, Tay lorsville 828-632-4658  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister 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.  1 certify that on the 124 day of November 2010 the forgoing preventive maintenar 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.	County	Alexander	Instrument Location Alexa	nder County SD
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister 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.  1 certify that on the Aday of November . 2010 the forgoing preventive maintenar 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.	Instrumen	t Serial No. <u>008813</u>		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.  1 certify that on the Aday of Moreone, 20 the forgoing preventive maintenar 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.	-	•		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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.  I certify that on the Aday of November 2010 the forgoing preventive maintenar 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.	1.			eath 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 tes whichever occurs first.  1 certify that on the	2.	Verify instrument displays t	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 tes whichever occurs first.  I certify that on the	3.	Initiate breath test sequence	·;	
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	4.	Enter information as promp	ted;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;	;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  1 certify that on the	, <b>6.</b>	When "PLEASE BLOW" a	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 tes whichever occurs first.  1 certify that on the	7.	When "PLEASE BLOW" a	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 tes 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 tes whichever occurs first.  I certify that on the	9.	Verify Diagnostic Program;	and	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being of		
Justile Hull	procedure	s were performed on the instrument	indicated above, in accordance with cu	rrent regulations of the N.C.
	So History Carlot So History So H	JARAK Z.	Signature of Certifying Official	65 ∮ Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 11/12/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.07	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 656 Test Date: 11/12/2010 Test Time: 2:16pm EST

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
COMP CAL	Pass Pass	2:18pm 2:18pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Catawba	Instrument Location 5HP	Batmobile Unit
Instrume	ent Serial No. <u>008929</u>	Newton, N	
The prev	ventive maintenance procedures for the I	ntoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiratinged every four months or after 125	
procedur	that on the 5 th day of Nov res were performed on the instrument inc ent of Health and Human Services, and	licated above, in accordance with cu	irrent regulations of the N.C.
GREAT CREAT	STATE OF TOO BE CAROLING COMMANDER TO CHAM YOURS TO CHAM Y	A.M.	65B

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

Signature of Certifying Official

Certificate Number

PITT COUNTY SHP BAT MOBILE UNIT 730

Serial Number: 008929 Test Date: 11/05/2010

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: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:42pm 1:44pm 1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY SHP BAT MOBILE UNIT 730

Serial Number: 008929 Test Record Number: 263 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:58pm
SRC	Pass	1:58pm
DET	Pass	1:58pm
BAR	Pass	1:58pm
BT	Pass	1:58pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:59pm 1:59pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>C</u>	itawba	Instrument Location 5	P Batmobile Unit
Instrument Ser	rial No. <u>008910</u>	Newton, N	<u>'C</u>
The preventive four months ar	· · · · · · · · · · · · · · · · · · ·	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		ic 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	nd	
10.			iration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures we	re performed on the instrument ir	dicated above, in accordance with the instrument is functioning pro	
SELL OF THE STATE	Signal Si	gnature of Certifying Official	650 Certificate Number

WAKE COUNTY SHP BAT MOBILE UNIT 910

Serial Number: 008910 Test Date: 11/05/2010

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: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:45pm 1:46pm 1:47pm 1:47pm 1:48pm 1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY SHP BAT MOBILE UNIT 910

Serial Number: 008910 Test Record Number: 150 Test Date: 11/05/2010 Test Time: 1:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

# Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:43pm

Pass

1:43pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County Co	Macrus	Instrument Location Kann	apolis PD
Instrument Se	rial No. <u>008589</u>	314 S. Main Str	eet Kannapolis
		704-920-4000	
The preventiv four months a		e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	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	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirate thanged every four months or after 125	
procedures we	ere performed on the instrument	indicated above, in accordance with condithe instrument is functioning proper	arrent regulations of the N.C.
AND STATE OF THE S	*	Signature of Certifying Official	Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 11/03/2010

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:02pm 12:03pm 12:03pm
AIR BLK SUB TEST	.00 .00	12:04pm 12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 1162 Test Date: 11/03/2010 Test Time: 12:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:10pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

# Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance Status: Pass

Analyst

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

County Cal	Darrus Instrument Location Cabarrus County 5D
Instrument Seria	al No. 008792 30 Corban Ave, Concord
	704-920-3000
The preventive if 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 3 day of November, 2010 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'M STATE OF THE	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 11/03/2010

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: 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	11:01am
AIR BLK	.00	11:02am
ACCY CHK	.08	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

1000

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Record Number: 266
Test Date: 11/03/2010 Test Time: 11:09am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:10am
FLO	Pass	11:10am
FC	Pass	11:10am

## Temperature Tests

SRC Pass 11:10a DET Pass 11:10a BAR Pass 11:10a	Test	Status	Time
DET Pass 11:10a BAR Pass 11:10a			11:10am
BAR Pass 11:10a	SRC	Pass	11:10am
	DET	Pass	11:10am
BT Pass 11:10a	BAR	Pass	11:10am
	BT	Pass	11:10am

## Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:11am

CAL

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 10/26/2010

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:33am 11:34am 11:35am
AIR BLK SUB TEST	.00 .00	11:36am <b>11:36am</b>
AIR BLK	.00	11:37am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 10/25/2010

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:28pm 3:29pm 3:29pm 3:30pm 3:31pm 3:32pm 3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

Analyst

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

County	MBERIAND Instrument Location FORT BRAGE, P	70	
Instrument Seria	INO. 008908 MilitARY Police	**************************************	
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	гy	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	iows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	h sts,	
I certify that on procedures were Department of H	the day of	ince	
THE STATE OF THE S	Signature of Certifying Official  Certificate Number	· · · · · · · · · · · · · · · · · · ·	

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 11/10/2010

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.08	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	<b>.00</b>	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test

3 Buch

Test Record Number: 736
Test Time: 1:35pm EST

Test Date: 11/10/2010 Test Time: 1:35pm EST

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:37pm
CAL	Pass	1:37pm

Preventive Maintenance Status: Pass

Analyst

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

	INTOXIMETERS	, MODEL INIOA E	CIRTI
County	MBERLAND	Instrument Location + O A	et Grass, th
Instrument Se	rial No. <u>00 8903</u> _	Military TE	1,06
The preventive four months as	e maintenance procedures for the Intox e:	simeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		oreath simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.		
	n the	ted above, in accordance with cu	
THE STATE OF THE S	The state of the s	Dina	518
	Signatu	re of Certifying Official	Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 11/10/2010

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 State: XX
Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:09pm 1:10pm 1:10pm 1:11pm 1:12pm 1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 552 Test Date: 11/10/2010 Test Time: 1:16pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance Status: Pass

Analyst

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

County	Water	Instrument Location 1547 111	DBHE CON
Instrument Ser	rial No. <u>00 F6 00</u>	- Roles VI	A C. Established
The preventive four months as		oximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration daged every four months or after 125 Alcol	
procedures we	ere performed on the instrument indi-	cated above, in accordance with current se instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
CORPATOR STATE	A Cal	ature of Certifying Official	Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 711 Test Date: 11/13/2010 Test Time: 9:33pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:34pm
FLO	Pass	9:34pm
FC	Pass	9:34pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:35pm 9:35pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/13/2010

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: 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	'l'ıme
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:23pm 9:24pm 9:25pm 9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WARE	Instrument Location	BATINO	B. LECONT
Instrument	Serial No		Rolesc	116
The preven	ntive maintenance procedures for the Int s are:	oximeters, Model Intox I	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath simi	ulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample	, i , j	
7.	When "PLEASE BLOW" appear	ars, collect breath sample	7	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
I certify the procedures Departmen	at on theday of// s were performed on the instrument indi- nt of Health and Human Services, and the	cated above, in accordan	ce with current regu	g preventive maintenance ulations of the N.C.
TO SEE THE CREAT	CAROLINA M VIDEN :	ature of Certifying Offici	<u></u>	Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 588
Test Date: 11/13/2010 Test Time: 9:37pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:37pm
SRC	Pass	9:37pm
DET	Pass	9:37pm
BAR	Pass	9:37pm
BT	Pass	9:37pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:38pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

S./// Off

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/13/2010

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: XX

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:29pm 9:30pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
ATR BLK	.00	9:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Samp SON'	Instrument Location	- Sampson	County
Instrument :	Serial No. 8877		5 her. As I	Zept.
The prevent four months	•	or the Intoximeters, Model Into	x EC/IR II to be followe	d at least once every
1.	Verify the ethanol gas co 34 degrees, plus or minu	anister displays pressure, or the us .2 degree centigrade;	e alcoholic breath simula	itor thermometer shows
2.	Verify instrument displa	ays time and date;		
3.	Initiate breath test seque	ence;		
4.	Enter information as pro	ompted;		
5.	Verify instrument accur-	racy;		
6.	When "PLEASE BLOW	V" appears, collect breath samp	ple;	
7.	When "PLEASE BLOW	V" appears, collect breath samp	ple;	
8.	Print test record;			
9.	Verify Diagnostic Progr	ram; and		
10.		gas canister is being changed be ing changed every four months		
		nent indicated above, in accordes, and the instrument is function		reventive maintenance tions of the N.C.
PART SECTION OF SECTIO	SE ON A O STATE OF THE STATE OF	In Hance Pain		634

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

Signature of Certifying Official

Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 11/15/2010

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:00pm 4:01pm
ACCY CHK AIR BLK	.08 .00	4:02pm 4:03pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST AIR BLK	• <b>0 0</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4:06pm 4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

# SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 570 Test Date: 11/15/2010 Test Time: 4:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:10pm
FLO	Pass	4:10pm
FC	Pass	4:10pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:11pm
CAL	Pass	4:11pm

Preventive Maintenance Status: Pass

Analyst

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

County	Sampson	Instrument Location	Sampson	County
Instrumen	t Serial No. 8825	Managarity of the Control of the Con	Sheriks L	Sept.
The preve	ntive maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		llcoholic breath simular	tor thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample	<b>;</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and	ri Ha	·
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before nanged every four months of	ore expiration date, or t r after 125 Alcoholic B	the alcoholic breath treath Simulator tests,
procedure	hat on the/Sday of//es were performed on the instrument is ent of Health and Human Services, and	ndicated above, in accordan	ice with current regulat	eventive maintenance ions of the N.C.
COREAT SEA	CAROUMA PARAMETER STATE OF THE	Joseph Juli gnature of Gertifying Offici	ial C	034 ertificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 11/15/2010

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: 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	3:57pm 3:58pm
ACCY CHK	.08	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 974
Test Date: 11/15/2010 Test Time: 4:05pm EST

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Status	Time
Pass	4:06pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:07pm

4:07pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	PENDER		PENDER	Country
Instrument S	erial No. <u>\$917</u>		=5/61/Hz	Deat.
The prevention four months	ve maintenance procedures for the are:	e Intoximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		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.			
I certify that procedures v Department	on theday of were performed on the instrument of Health and Human Services, an	indicated above, in accordant the instrument is function	the forgoing nee with current regining properly.	g preventive maintenance ulations of the N.C.
LALS THE GREAT SERVICE OF THE		though Rive	U C	634

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

Signature of Certifying Official

Certificate Number

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008917 Test Date: 11/12/2010

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: 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	Pass .00 .08	4:08pm 4:09pm 4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:16pm
AIR BLK	0.00	4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008917 Test Record Number: 263
Test Date: 11/12/2010 Test Time: 4:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:21pm

Preventive Maintenance Status: Pass

Pass

CAL

4:21pm

Analyst'

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

County Per	NDER Instrument Location PENDER COUNTY
Instrument Serial	No. 3946 Sherillo Dept.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 11/12/2010

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: 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	Pass .00 .08	2:07pm 2:08pm 2:09pm
AIR BLK	.00	2:10pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 563 Test Date: 11/12/2010 Test Time: 2:18pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
FC	Pass	2:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

#### Printer Tests

Status

Time

2:20pm

Test

CAL

		-
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:20pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	PENDER	Instrument Location	PENDER	Country
Instrument S	Serial No. <u>8935</u>		Shen Co	Dept.
The prevent four months		the Intoximeters, Model Intox E	C/IR II to be follow	wed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alc .2 degree centigrade;	oholic breath simu	llator thermometer shows
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ce;		
4.	Enter information as pron	npted;	•	
5.	Verify instrument accurac	ey;		
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Progra	m; and		
10.	Verify that the ethanol gasimulator solution is bein whichever occurs first.	s canister is being changed befor g changed every four months or	e expiration date, of after 125 Alcoholic	or the alcoholic breath c Breath Simulator tests,
procedures	were performed on the instrume	ont indicated above, in accordance, and the instrument is functioning	e with current regu	preventive maintenance plations of the N.C.
WIND STATE OF THE CREAT SO.	ME or NORTH CAROLINA	MANUY KIWA Signature of Certifying Officia	I Lacourage and a lacourage an	634 Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 11/12/2010

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: 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 AIR BLK	Pass .00 .07	2:08pm 2:09pm 2:10pm 2:11pm
SUB TEST	.00	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 516
Test Date: 11/12/2010 Test Time: 2:17pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:18pm
FLO	Pass	2:18pm
FC	Pass	2:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

#### Printer Tests

Test	Status	Time				
PRNT	Pass	2:19pm		 		 

#### CRC Tests

Test	Status	Time
COMP	Pass	2:19pm
CAL	Pass	2:19pm

Preventive Maintenance Status: Pass

Anal√st

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

County	Duplin	Instrument Location_00a	Hace
Instrument	Serial No. <u>8858</u>		11 to margare
The prevent		r the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the alcoholics .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test sequer	nce;	
4.	Enter information as pro-	mpted;	
5.	Verify instrument accura	асу;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	am; and	
10.	Verify that the ethanol go simulator solution is being whichever occurs first.	as canister is being changed before expi ng changed every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on theday of s were performed on the instrum nt of Health and Human Services	November , 20 10 tent indicated above, in accordance with s, and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
TO SEE TO	CAROLINA	Mythory Kines	a 634

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 11/12/2010

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: 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 AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:29pm 12:30pm 12:31pm 12:32pm 12:33pm 12:33pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 393 Test Date: 11/12/2010 Test Time: 12:37pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

CAL

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

Preventive Maintenance Status: Pass

Pass

12:38pm

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

County	Duplin	Instrument Location	WARSQU
Instrument	Serial No. <u>8874</u>		ELILE DEPt.
The preven		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		lic breath simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	cy;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	m; and	•
10.		is canister is being changed before ex g changed every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
l certify the procedures Departmen	were performed on the instrume	nt indicated above, in accordance with and the instrument is functioning pro-	the forgoing preventive maintenance th current regulations of the N.C. operly.
CREAT SET	ATE OF NO PLEASE O	thoughouse	634
		Signature of Certifying Official	Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 11/12/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:45am 11:46am 11:46am 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

#### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 186
Test Date: 11/12/2010 Test Time: 11:53am EST

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	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

#### 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	Duplin	Instrument Location_	Duplin County
Instrumen	t Serial No <i>8864</i>		Shullo Dept.
The preve		r the Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu		alcoholic breath simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	empted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sampl	e;
7.	When "PLEASE BLOW	" appears, collect breath sampl	e;
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.	Verify that the ethanol g simulator solution is bei whichever occurs first.	gas canister is being changed befing changed every four months of	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify the procedure Departme	hat on theday of es were performed on the instrument of Health and Human Service	November, 20, 20 nent indicated above, in accordance, and the instrument is function	the forgoing preventive maintenance nce with current regulations of the N.C. ning properly.
GREAT SEA	TATE OF NORTH ARMY VINE A REAL	NAM / WE Signature of Certifying Office	210

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 11/12/2010

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: 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	11:07am 11:08am 11:09am
AIR BLK SUB TEST	.00	11:10am 11:10am
AIR BLK SUB TEST	.00	11:11am 11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 869
Test Date: 11/12/2010 Test Time: 11:16am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:16am 11:16am 11:16am 11:16am
BT	Pass	11:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

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

CAL Pass 11:17am

Preventive Maintenance Status: Pass

Analyst

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

County /	IEW Harrover	Instrument Location_	NEW HONOVE	2 County
Instrument S	Serial No		Shenkle 1	Dept.
The prevent four months	tive maintenance procedures for the Intox	imeters, Model Intox F	EC/IR II to be followed at	east once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the a	lcoholic breath simulator the	nermometer shows
2.	Verify instrument displays time an	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	, collect breath sample		
7.	When "PLEASE BLOW" appears	, collect breath sample	»;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before devery four months or	ore expiration date, or the a r after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
I certify the procedures Departmer	at on theday ofvv s were performed on the instrument indicant of Health and Human Services, and the	ted above, in accordar instrument is function	the forgoing prevence with current regulation ing properly.	ntive maintenance s of the N.C.
CREAT STATE OF THE CREAT STATE O	LATE OF THE STATE	Koruf Llli ure of Cerrifying Offic	ial Certi	634

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

DHHS 4080 (11/07)

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test

DIAG Pass 4:28pm
AIR BLK .00 4:29pm
ACCY CHK .08 4:29pm
AIR BLK .00 4:30pm
SUB TEST .00 4:31pm

g/210L

Time

 SUB TEST .00
 4:31pm

 AIR BLK .00
 4:32pm

 SUB TEST .00
 4:34pm

AIR BLK .00 4:35pm

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: 1417
Test Date: 11/11/2010 Test Time: 4:38pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:39pm
FLO	Pass	4:39pm
FC	Pass	4:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:39pm
SRC	Pass	4:39pm
DET	Pass	4:39pm
BAR	Pass	4:39pm
BT	Pass	4:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:40pm

Preventive Maintenance Status: Pass

Pass

4:40pm

CAL

Analyst

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

NEW HONOVER Instrument Location NEW /	
Serial No. 8626 Sherille	Dept.
ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be to are:	followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
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 of simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath cholic Breath Simulator tests,
es were performed on the instrument indicated above, in accordance with current	going preventive maintenance it regulations of the N.C.
MATHORY RIVERO	Certificate Number
	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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 of simulator solution is being changed every four months or after 125 Alcoholic program and the sample of the sample

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008626 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:29pm 4:30pm 4:30pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm

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: 2568 Test Date: 11/11/2010 Test Time: 4:37pm EST

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

Test	Status	Time
COMP	Pass	4:38pm
CAL	Pass	4:38pm

Preventive Maintenance Status: Pass

Analyst

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

EW HANOVER Instrument Location WILMING CON	
rial No. 8628 POLICE DEPC.	
e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leas	t once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therr 34 degrees, plus or minus .2 degree centigrade;	nometer shows
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	
on the	e maintenance the N.C.
Signature of Certifying Official Certificator	e Number
ri e re	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lease:  Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therrown and 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;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.  The day of November 200 the forgoing preventive the performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 1645 Test Date: 11/11/2010 Test Time: 4:05pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FCl	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:06pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:06pm
CAL	Pass	4:06pm

Preventive Maintenance Status: Pass

Analyst

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

County $\Lambda/\varepsilon$	WHANOVER Instrument Location WRIGHTSVILLE BEACH
Instrument Seria	al No. 8667 Police Dept.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: 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

DIAG Pass 3:20pm AIR BLK .00 3:21pm ACCY CHK .08 3:22pm AIR BLK .00 3:23pm

g/210L

Time

 SUB TEST .00
 3:23pm

 AIR BLK .00
 3:24pm

 SUB TEST .00
 3:26pm

AIR BLK .00 3:27pm

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: 737 Test Time: 3:28pm EST Test Date: 11/11/2010

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:29pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

#### Printer Tests

CAL

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:29pm

Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	NEW HONOVER Instrument Location CaroLina Stach
Instrume	ent Serial No. 8661 Police Dept.
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	. Print test record;
9	. Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departn	that on theday of
GREAT ST	Signature of Certifying Official  Signature of Certifying Official

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: 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 .00	2:21pm 2:22pm 2:23pm 2:23pm 2:24pm 2:25pm 2:27pm
AIR BLK	.00	2:27pm

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: 997
Test Date: 11/11/2010 Test Time: 2:29pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time

ICDC	scacus	LLINC
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance Status: Pass

Analyst

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

County BRA	inswick I	nstrument Location_	Belur'smick	County
Instrument Serial	Comment of the commen		Show to Dep	<i>l</i> ,
The preventive m four months are:	naintenance procedures for the Intoxi	meters, Model Intox 1	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree		lcoholic breath simulator t	hermometer show
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample	. ,	
7.	When "PLEASE BLOW" appears,	collect breath sample	. ,	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.			
	he // day of Novem performed on the instrument indicate ealth and Human Services, and the in			ntive maintenance s of the N.C.
AND STATE OF AN AND AND AND AND AND AND AND AND AND	RINGAROUM CAROLINA CA	out (ive	0	634

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 11/11/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: 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 .00	1:11pm 1:12pm 1:12pm 1:13pm 1:14pm 1:15pm 1:16pm
AIR BLK		1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 1761 Test Date: 11/11/2010 Test Time: 1:19pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

#### Printer Tests

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

1CDC	peacas	111110
COMP	Pass	1:20pm
CAL	Pass	1:20pm

Preventive Maintenance Status: Pass

Analyst

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

County/	BRUNSWICK	Instrument Location	Branswick	Soundy
Instrument Se	erial No. <u>8602</u>	***************************************	Sherido Dept	
The preventiv	ve maintenance procedures for the	Intoximeters, Model Intox E	C/IR II to be followed at lea	ast once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		oholic breath simulator the	rmometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
<b>5</b> .	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.			
procedures we	on theday ofdeere performed on the instrument in f Health and Human Services, and	idicated above, in accordance	with current regulations of	ve maintenance f the N.C.
THE CAREAL CONTROL OF	CAROLL	Kony Kuine	(J.)	ta Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:11pm 1:12pm
ACCY CHK	.07	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

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

#### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 1181 Test Date: 11/11/2010 Test Time: 1:19pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

#### Printer Tests

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

COMP	Pass	1:20pm
CAL	Pass	1:20pm

Preventive Maintenance Status: Pass

Analyst

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

2	MIOAMERE	ACS, MODEL IN I		1.1		
County A	UNSWICK	Instrument Location		13/UNO		
Instrument Seri	al No. <u>8648</u>		Pokice	Dept.		
The preventive four months are	maintenance procedures for the le:	Intoximeters, Model Intox E	EC/IR II to be follo	owed at least once every		
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the allegree centigrade;	coholic breath sin	nulator thermometer shows		
2.	Verify instrument displays tim	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	Enter information as prompted;				
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; a	nd				
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months or	re expiration date after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,		
procedures we	n theday of re performed on the instrument in Health and Human Services, and	ndicated above, in accordan	ce with current re	ng preventive maintenance gulations of the N.C.		
STATE OF THE CREAT SECTION AND THE CREAT SEC		Away Cull gnature of Certifying Offici	) 2/al	Certificate Number		

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:02pm 12:03pm 12:03pm 12:04pm 12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 724
Test Date: 11/11/2010 Test Time: 12:09pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:09pm 12:09pm
FC	Pass	12:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance Status: Pass

Analyst

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

County /	PNDER	Instrument Location_	M.	County
Instrument Ser	rial No. <u>8948</u>	5	Shoulds	Dept. AnnE
The preventive four months ar	e maintenance procedures for thre:	ne Intoximeters, Model Intox	EC/IR II to be foll-	owed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the and degree centigrade;	alcoholic breath sin	nulator thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	·		
4.	Enter information as promp	eted;		
5.	Verify instrument accuracy	,		
6.	When "PLEASE BLOW"	appears, collect breath sampl	e;	
7.	When "PLEASE BLOW"	appears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.		canister is being changed bef changed every four months o		
procedures we	on the day of ere performed on the instrument f Health and Human Services, a	t indicated above, in accordar	nce with current reg	ng preventive maintenance gulations of the N.C.
TO THE COREATE AND THE COREATE	CAROLINA (M)	hony (will Signature of Certifying Office	ial _	Certificate Number

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 11/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	9:56am 9:57am 9:58am 9:59am <b>9:59am</b> 10:00am <b>10:02am</b> 10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 357
Test Date: 11/11/2010 Test Time: 10:05am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06am

#### Printer Tests

1696	status	TTIIIC
PRNT	Pass	10:06am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance Status: Pass

Anal√st

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

County	Churbus	Instrument Location	Cohumbu	a Caunty
Instrument	Serial No	4	Sheri Rb	Dept.
The prevent		r the Intoximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the a s.2 degree centigrade;	leoholic breath simulate	or thermometer shows
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;		
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	acy;		
6.	When "PLEASE BLOW	" appears, collect breath sample	;	
7.	When "PLEASE BLOW	" appears, collect breath sample	·;	
8.	Print test record;	No.		
9.	Verify Diagnostic Progr	am; and		
10.		as canister is being changed before ng changed every four months o		
procedures	were performed on the instrum	November, 20 nent indicated above, in accordance, and the instrument is function	ice with current regulati	eventive maintenance ons of the N.C.
THE GREAT SE	ATE OF NORTH CAROLINA MANUEL M	MALLANY Signature of Certifying Office	lo ————————————————————————————————————	L34 rtificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 11/10/2010

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: 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	1:26pm 1:27pm 1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33 m

Reported AC: .Q0 g/210L

Signature of Chemical Analyst

Court CVR

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 368
Test Date: 11/10/2010 Test Time: 1:35pm EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

#### Printer Tests

Test	Status	Time			
PRNT	Pass	1:36pm	 		
	CRC Tests				

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

Preventive Maintenance Status: Pass

Analyst

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

County <u>Co.</u>	Lumbus	Instrument Location_	Chumbus	County
Instrument Seria	1No. 8875		Sherillo D	ept.
The preventive r four months are:	naintenance procedures for the Inte	oximeters, Model Intox	EC/IR II to be followed	l at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sampl	e;	
7.	When "PLEASE BLOW" appea	rs, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
	the day of	cated above, in accorda		eventive maintenance ions of the N.C.
THE STATE OF A STATE O	CAROLL Signa	July Office of Certifying Office	ial Ce	634 ertificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 11/10/2010

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: RIVERA, ANTHONY

Permit Number: 08259E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:31pm
ATR RLK	0.0	1 · 32pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

#### COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Record Number: 565
Test Date: 11/10/2010 Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
C	RC Tests	

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

Analyst

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

County	Bladen	Instrument Location	BladEN	County
Instrument	Serial No. 881	8	Then 4s	Dept.
The prever four month		dures for the Intoximeters, Model Into	ox EC/IR II to be follow	wed at least once every
1.		ol gas canister displays pressure, or the or minus .2 degree centigrade;	e alcoholic breath simu	llator thermometer shows
2.	Verify instrumen	nt displays time and date;		
3.	Initiate breath te	st sequence;		
4.	Enter informatio	n as prompted;		
5.	Verify instrumer	nt accuracy;		
6.	When "PLEASE	BLOW" appears, collect breath sam	ple;	
7.	When "PLEASE	BLOW" appears, collect breath sam	ple;	
8.	Print test record;	;		
9.	Verify Diagnosti	ic Program; and		
10.	Verify that the e simulator solution whichever occur	thanol gas canister is being changed bon is being changed every four months first.	pefore expiration date, s or after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedure	s were performed on the	day of November, 2 instrument indicated above, in accord Services, and the instrument is function	dance with current regu	preventive maintenance plations of the N.C.
AN GREAT SET	PATE OF NORTH CAROLINA 12 UTB	Michory July Signature of Certifying Of	<del>ficial</del>	634 Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 11/10/2010

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:47am 11:48am 11:48am 11:49am 11:50am
AIR BLK SUB TEST	.00	11:51am 11:53am
ATR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Record Number: 336
Test Date: 11/10/2010 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

#### Printer Tests

Test Status Time

PRNT	Pass	12:00pm		٠	
	CRC Tests				
Test	Status	Time			
COMP	Pass	12:00pm			

Preventive Maintenance Status: Pass

Pass

12:00pm

CAL

Analyst

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

County	Bladen	Instrument Location	on BLADEN	County
Instrument	Serial No. <u>8894</u>		Share He	Dept.
The preven	ntive maintenance procedures for sare:	or the Intoximeters, Model In	tox EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	canister displays pressure, or t us .2 degree centigrade;	he alcoholic breath simul	ator thermometer show
2.	Verify instrument displ	ays time and date;		
3.	Initiate breath test sequ	ence;		
4.	Enter information as pr	ompted;		
5.	Verify instrument accur	racy;		
6.	When "PLEASE BLOV	W" appears, collect breath sai	mple;	
7.	When "PLEASE BLOV	W" appears, collect breath sai	mple;	<b>,</b>
8.	Print test record;			
9.	Verify Diagnostic Prog	gram; and		
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed sing changed every four mont	before expiration date, or hs or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
procedures	at on the // day of_s were performed on the instruint of Health and Human Service	MOVEMBER, ment indicated above, in accours, and the instrument is func	rdance with current regul	preventive maintenance ations of the N.C.
CONTRACTOR OF THE CAREAT SET A	W CAROLINA 12 PT	of thory Line Signature of Certifying C	Official	Certificate Number

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 11/10/2010

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: 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	.00	11:46am 11:47am 11:48am 11:49am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Record Number: 338
Test Date: 11/10/2010 Test Time: 11:58am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:59am

#### CRC Tests

Test	Status	Time
COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

Analyst

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

County	ECKLENBURG	Instrument Location_	BAT MOBILE	- UNIT 3
Instrument Seria	al No. <u>008707</u>		CHARLOTTE,	<i>ک</i> ر
The preventive four months are	maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be followed:	at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the e centigrade;	alcoholic breath simulato	r thermometer shows
2.	Verify instrument displays time ar	nd date;		
3.	Initiate breath test sequence;			
4. `	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	s, collect breath samp	le;	
7.	When "PLEASE BLOW" appears	s, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed be ed every four months	fore expiration date, or the or after 125 Alcoholic Bro	e alcoholic breath eath Simulator tests,
I certify that or procedures wer Department of	n the <u>la</u> day of <u>Nove</u> re performed on the instrument indica Health and Human Services, and the	EMBER, 20 ated above, in accorda instrument is function	the forgoing pre ince with current regulation ning properly.	ventive maintenance ons of the N.C.
THE CHAPTER OF THE PARTY OF THE	CARO			
* ESE QUAM VIDE	alum Ray	Barres ure of Certifying Offi		648
	Signa	ure of Certifying Offi	cial Cer	rtificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 11/12/2010

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:21pm 10:22pm 10:22pm
AIR BLK SUB TEST	.00 .00	10:23pm 10:24pm
AIR BLK	.00 .00	10:25pm 10:26pm
SUB TEST AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Ra Bana Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 713
Test Date: 11/12/2010 Test Time: 10:28pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
BT	Pass	10:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29pm 10:29pm

Preventive Maintenance Status: Pass

Analyst

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

County ME		AT MOBILE UNIT 3
Instrument Seria	I No. 008647	YARLOTTE, NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	olic 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 e simulator solution is being changed every four months or after whichever occurs first.	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
procedures were	the 12 day of NOVEMBEIZ, 2010 e performed on the instrument indicated above, in accordance whealth and Human Services, and the instrument is functioning parts.	vith current regulations of the N.C.
STATE OF STA	Alun Ray Barres Signature of Certifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 11/12/2010

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: 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: AG011703 Exp Date: 04/27/2012

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Ray Banes Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 956

Test Date: 11/12/2010

Test Time: 10:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:50pm
FC	Pass	10:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
BT	Pass	10:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:51pm 10:51pm

Preventive Maintenance Status: Pass

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

County	PECKLENBURG Instrument Location BAT.	MOBILE UNIT 3		
Instrument So	erial No	LOTTE, NC		
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,		
I certify that procedures w Department of	on theday ofNOVEMBER, 20 the vere performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.		
TATE OF THE CONTROL O	Color 2 - Connection	648		
	Oleun Ray Barres Signature of Certifying Official	Certificate Number		

MECKLENBURG COUNTY BAT MOBILE UNIT 3

Serial Number: 008736 Test Date: 11/12/2010

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: 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: AG925102 Exp Date: 09/08/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Rey Bans Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008736 Test Record Number: 231
Test Date: 11/12/2010 Test Time: 11:12pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
FLO	Pass	11:13pm
FC	Pass	11:13pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13pm
SRC	Pass	11:13pm
DET	Pass	11:13pm
BAR	Pass	11:13pm
BT	Pass	11:13pm

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	11:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm
C	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

Analyst

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

County	DAVIDS	0 N	Instrume	nt Location	LEXIL	16TON	POLICE DE
Instrumer	nt Serial No	08854	AMERICAN AND AND AND AND AND AND AND AND AND A	\$		EXINGTO	س ماد
The preve		ce procedures for	the Intoximeters, 1	Model Intox E	EC/IR II to be	followed at	least once every
1.	Verify t 34 degr	he ethanol gas car ees, plus or minus	nister displays pres .2 degree centigra	sure, or the al de;	coholic breat	h simulator t	hermometer shows
2.	Verify i	nstrument display	s time and date;				
3.	Initiate	breath test sequen	ce;				-
4.	Enter in	formation as pron	npted;				
5.	Verify i	nstrument accurac	ey;				
6.	When "	PLEASE BLOW"	appears, collect l	oreath sample	;		
7.	When "	PLEASE BLOW"	appears, collect l	oreath sample	•		
8.	Print te	st record;					
9.	Verify 1	Diagnostic Progra	m; and				
10.	simulat	that the ethanol gas or solution is being wer occurs first.	s canister is being g changed every fo	changed before months or	re expiration after 125 Al	date, or the a coholic Breat	alcoholic breath th Simulator tests,
procedur	that on thees were performent of Health and	ed on the instrume	DOVEMB ent indicated above and the instrumen	e, in accordan	ce with curre	rgoing preve nt regulations	entive maintenance s of the N.C.
GREAT SE	THE CAROLINA CRUM WOOM & CRUM	<b>∂</b> 0.,	m Zay	Bay	es.		648

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

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008854 Test Date: 11/09/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	7:50pm 7:51pm 7:51pm 7:52pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm
SUB TEST	.00	7:55pm
AIR BLK	.00	7:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008854 Test Date: 11/09/2010 Test Record Number: 76
Test Time: 7:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:56pm 7:56pm
FC	Pass	7:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
BT	Pass	7:57pm

#### Blank Tests

Test	Status	Time		
		•		
AIR	Pass	7:57pm		

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:57pm
	CRC Tests	

Test	Status	Time
COMP	Pass	7:57pm
CAL	Pass	7:57pm

Preventive Maintenance Status: Pass

> Ray Baines Analyst

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

County R	ANDOLPH	Instrument Location_	BAT MOBILE UNIT
Instrument Seri	ial No. <u>008707</u>		LIBERTY, DC
The preventive four months are	maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed at least once every
¥.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the gree centigrade;	alcoholic breath 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	ears, collect breath samp	le;
7.	When "PLEASE BLOW" app	ears, collect breath samp	le;
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed be anged every four months	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
- procedures we	on the	dicated above, in decord	the forgoing preventive maintenance ance with current regulations of the N.C. oning properly.
TARE STATE  OTHE STATE  OTHER S	alum f	Ray Barre	4 (6 4 8

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Date: 11/06/2010

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Test Record Number: 709 Serial Number: 008707 Test Time: 10:33pm EDT Test Date: 11/06/2010

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time		
AIR	Pass	10:35pm		

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	RAA	DOC	_PH	I	nstrument Location	on 13A	TMC	BILE	UNIT.
Instrument	Serial No	<u>_</u>	0864	<u> </u>	nstrument Locatio	41	BERT	ry, N	С
The preven		tenance	procedures fo	or the Intoxi	meters, Model Int	tox EC/IR 1	II to be follo	wed at least of	once every
1.	Ve 34	rify the degrees	ethanol gas c , plus or min	anister displ us .2 degree	lays pressure, or the centigrade;	he alcoholi	c breath sim	ulator thermo	meter shows
2.	Ve	erify inst	rument displa	ays time and	l date;				
3.	In	itiate bre	ath test seque	ence;					
4.	En	iter infor	mation as pro	ompted;					
5.	Ve	erify inst	rument accur	acy;					
6.	W	hen "PL	EASE BLOV	V" appears,	collect breath sar	nple;			
7.	W	hen "PL	EASE BLOV	V" appears,	collect breath sar	nple;			
8.	Pr	int test re	ecord;						
9.	Ve	erify Dia	gnostic Prog	ram; and					
10.	sir	mulator s	the ethanol solution is be occurs first.	gas canister ing changed	is being changed l every four montl	before exp hs or after	iration date, 125 Alcohol	or the alcoho ic Breath Sin	olic breath nulator tests,
I certify th procedures Departmen	were per	formed of	day of_ on the instrur uman Service	nent indicat	ed above, in accornstrument is func	rdance with	n current reg	g preventive ulations of th	maintenance ne N.C.
FOR SERVICE SERVICES OF SERVIC	ATE OF NO DELLA		alı		ay Barre of Certifying O	neo Official		Certificate	

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 11/06/2010

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: 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: AG011703 Exp Date: 04/27/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Record Number: 952
Test Date: 11/06/2010 Test Time: 10:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47pm 10:47pm
FC	Pass	10:48pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:49pm

10:49pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County_	Ockingham Instrument Location Edon Police
Instrument Se	erial No. 008636 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
THE STATE OF THE CREAT SET OF THE CREAT	STORE THE STORE ST
AND DEATH OF THE OWN ALL	- Company with grant of the
	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 11/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:50pm 1:51pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

\_\_\_\_\_\_Analyst

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 842
Test Date: 11/02/2010 Test Time: 1:57pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass

Analyst

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

County	ROCKINGHAM Instrument Location Reidsville Police
Instrume	t Serial No. 008784 Department
The prev	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	nat on the day of
THE CREATEST OF THE CAPE OF TH	
	Signature of Certifying Official Certificate Number

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

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 11/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:52pm 2:53pm 2:53pm 2:54pm 2:55pm 2:56pm 2:57pm
AIR BLK	.00	2:58pm

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

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 403 Test Date: 11/02/2010 Test Time: 2:59pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:00pm

CAL

Mein las

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

County	Moore Instrument Location ROBBING POLICE DEPT.
Instrument S	Serial No. 008728 Robbus, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
VALUE OREAT SEVENT SEVE	CAROLLA STATE OF THE STATE OF T

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 11/05/2010

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:53pm 2:54pm
ACCY CHK	.08	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Record Number: 164

Test Date: 11/05/2010 Test Time: 3:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
FC	Pass	3:04pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

Preventive Maintenance Status: Pass

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

County	PANDLEMAN Instrument Location RANDLEMAN POLKE Dep;
Instrument Se	rial No. 008737 2000 NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
TANDO SELATOR MANDO SELATOR MA	
	Signature of Certificing Official Certificate Number

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 11/04/2010

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: AG916602 Exp Date: 06/15/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:35pm 2:36pm 2:37pm 2:38pm
SUB TEST AIR BLK	.00 .00	2:38pm 2:39pm
SUB TEST AIR BLK	.00	2:41pm 2:42pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

# RANDOLPH COUNTY RANDLEMAN PD 750

Test Record Number: 334 Serial Number: 008737 Test Date: 11/04/2010 Test Time: 2:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:45pm 2:45pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

County	PANDOLPH In	strument Location	LIBRARY BLICE DETT.
Instrument	nt Serial No. <u>008830</u>	LIBERTY	NC
The prever four month	entive maintenance procedures for the Intoxim	neters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		coholic breath simulator thermometer shows
2.	Verify instrument displays time and o	łate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	that on theday ofday of	l above, in accordance	
TS 30 SE		of Certifying Officia	Certificate Number

#### RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 11/04/2010

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: AG016501 Exp Date: 06/14/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

O Analyst

## RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Record Number: 252 Test Date: 11/04/2010 Test Time: 11:12am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	11:13am

# Printer Tests

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

11:13am

CAL Pass 11:13am

Preventive Maintenance

Status: Pass

Pass

COMP

Analyst

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

County	JOHNSTON GONTY JAK
Instrument S	Serial No. DOBSIO SOUTHFED, NC
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures	at on the <u>O3</u> day of <u>November</u> , 20/O the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STATE STATE  OF THE STATE  OF	Signature of Certifying Official  Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 11/03/2010

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: 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	12:37pm 12:38pm 12:39pm 12:39pm 12:40pm
AIR BLK SUB TEST	.00 .00	12:41pm 12:43pm
AIR BLK	.00	12:44pm

.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

## JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 795 Test Date: 11/03/2010 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:45pm 12:45pm 12:45pm 12:45pm 12:45pm
		-

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

'l'est	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

Preventive Maintenance Status: Pass

Analyst

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

County	OHNSTON	Instrument Location <u></u> <u> </u>	ISTON COUNTY JAIL
Instrument Seria	al No. <u>008846</u>	Smithed.	NC
The preventive to four months are		Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expirat nanged every four months or after 125	
procedures were	e performed on the instrument in	ndicated above, in accordance with cu	irrent regulations of the N.C.
CARE STATE ON THE STATE OF THE	Sir	gnature of Certifying Official	37/ Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 11/03/2010 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: 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: AG925103 Exp Date: 09/08/2011

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

.00 g/210L Reported AC:

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 1433
Test Date: 11/03/2010 Test Time: 12:42pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm
		and the same of th

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No.	008658 CLAYTON NC
The preventive mainte four months are:	nance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Ver	fy the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show egrees, plus or minus .2 degree centigrade;
2. Ver	fy instrument displays time and date;
3. Init	ate breath test sequence;
4. Ent	er information as prompted;
5. Ver	ify instrument accuracy;
6. Wh	en "PLEASE BLOW" appears, collect breath sample;
7. Wh	en "PLEASE BLOW" appears, collect breath sample;
8. Prin	t test record;
9. Ver	ify Diagnostic Program; and
sim	ify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath ulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests chever occurs first.
procedures were perfe	day of November, 20 10 the forgoing preventive maintenance ormed on the instrument indicated above, in accordance with current regulations of the N.C. and Human Services, and the instrument is functioning properly.
THE STATE OF AND THE ST	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

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

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:52pm 1:53pm 1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported Ac: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

Analyst

## JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 548
Test Date: 11/02/2010 Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time		
AIR	Pass	2:04pm		

#### Printer Tests

Teat

1656	ptatus	1 11110
PRNT	Pass	2:04pm
	CRC Tests	

Status Time

Test	Status	Time
COMP	Pass	2:04pm
CAL	Pass	2:04pm

Preventive Maintenance Status: Pass

Analyst

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

County RoB	ESON Instrument Location St. Pauls
Instrument Seria	INO. 008814 Police 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 alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the OS day of NOVEMBER, 2010 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A CHARLES THE CARE AND THE STATE OF A CHARLES THE CARE AND THE STATE OF A CHARLES THE STATE OF A CHAR	Signature of Certifying Official Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 11/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:32pm 3:33pm
ACCY CHK	.08	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 249

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:40pm

## 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			٠	 

#### CRC Tests

Test	Status	Time		
COMP	Pass	3:41pm		
CAL	Pass	3:41pm		

Preventive Maintenance Status: Pass

**Analyst** 

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

County	ROBESON Instrument Location (UMBERTON, LEC
Instrument	Serial No. 068836 LUMBERTON, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the day of
COREAT SE	Signature of Certifying Official  Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 11/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:57pm 12:58pm 12:58pm 12:59pm 1:00pm 1:01pm 1:03pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 1182 Test Date: 11/05/2010 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

Status	Time
Pass	1:06pm 1:06pm
Pass	1:06pm
Pass Pass	1:06pm 1:06pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
ATR	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 INTOXIMETERS, MODEL INTOX EC/IR II

A CONTRACTOR OF THE PARTY OF TH	INTOXIMETERS, MODEL INTOX EC/IR	. 11
County	ONESON Instrument Location ( ) MG	BERtoN,
Instrument Seri	al No. <u>008805</u> <u>LEC. Whb</u>	erton, NC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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 do simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	the <u>OS</u> day of <u>NOVEMBER</u> , 20 10 the forge performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	
CALL STATE OF STATE O	Signature of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 11/05/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:37pm 12:38pm 12:39pm 12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 1098
Test Date: 11/05/2010 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time		
IR	Pass	12:45pm		
FLO	Pass	12:45pm		
FC	Pass	12:45pm		

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

#### Printer Tests

Status

Test

CAL

PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:46pm

Time

12:46pm

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	Martin	Instrument Location May him	6 S.O.	
Instrumen	it Serial No. <u>008913</u>	305 E. Main St	- Williamston	
The preve		ne Intoximeters, Model Intox EC/IR II to be	e followed at least once every	
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows	
2.	Verify instrument displays t	time and date;		
3.	Initiate breath test sequence	Initiate breath test sequence;		
4.	Enter information as promp	ited;		
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.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,	
procedure	es were performed on the instrument	the form the form the form the form the indicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.	
GREAT STA	STATE OF NORTH CAROLINA WASHINGTON	Signature of Certifying Official	Certificate Number	

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 11/05/2010

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: 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: AG002803 Exp Date: 01/28/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 349
Test Date: 11/05/2010 Test Time: 10:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:31am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:31am
SRC	Pass	10:31am
DET	Pass	10:31am
BAR	Pass	10:31am
BT	Pass	10:31am

## Blank Tests

Test	Status	Time
AIR	Pass	10:31am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:32am

Preventive Maintenance Status: Pass

Pass

10:32am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

strange and the Company of the	THE TERS, WIDDEL IN TOX ECONOMIC AND A CONTROL OF THE PROPERTY
County(	Instrument Location 12/2 (O. 1276/100/1
Instrument Seria	INO. 008783 1044 Diffwood Dr., Manteg, A
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 procedures were Department of I	the
AND STATE OF THE S	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 11/03/2010

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: 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	Pass .00 .07 .00 .00	12:00pm 12:01pm 12:02pm 12:03pm 12:03pm
AIR BLK SUB TEST	.00 .00	12:04pm 12:06pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 156 Test Date: 11/03/2010 Test Time: 12:08pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

Analyst

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

County	are	Instrument Location Dave Co.	Dotentian Cen
Instrument Seria	INO. <u>00 8804</u>	1044 Diffwood I	Dr., Manteo, L
The preventive r four months are:		ntoximeters, Model Intox EC/IR II to be t	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.  I certify that on procedures were	simulator solution is being charwhichever occurs first.  the	ister is being changed before expiration of niged every four months or after 125 Alcohold and the forglicated above, in accordance with current the instrument is functioning properly.	pholic Breath Simulator tests,
THE STATE OF THE S	COLUM CAROLINA	nature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 11/03/2010

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: 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: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:48am 11:49am 11:49am 11:50am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:54am
ATR BLK	. 0.0	11:55am

Reported AC: .00 g/210L-

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 716
Test Date: 11/03/2010 Test Time: 11:58am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IJ

County Was	hinching Instrument Location Washington ( S.O.
Instrument Serial	No. DO8829 Adams St., Plymouth, N.C.
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of November, 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.
OT THE STATE OF N.	200 St. 643
	Signature of Certifying Official Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 11/01/2010

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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: AG011702 Exp Date: 04/27/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

' Analyst

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 239 Test Date: 11/01/2010 Test Time: 12:24pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

#### Blank Tests

rest	Status	Time
AIR	Pass	12:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Dowell Instrument Location Mc Dowell Co. Jail	·····
Instrument Ser	rial No. <u>008808</u> <u>Marion, Mc</u>	
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	гу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;	10WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	h sts,
procedures w	on the	ınce
STATE CREAT SOLVE	NORDINA CAROLINA CARO	
The second second	Signature of Certifying Official Certificate Number	.eee

MCDOWELL COUNTY JAIL 580

Serial Number: 008808 Test Date: 11/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

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	Pass .00 .08	4:12pm 4:13pm 4:14pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008808 Test Date: 11/23/2010

Test Record Number: 383

Test Time: 4:20pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

#### Blank Tests

Test	Status	Time
7.70	D	1 - 21 nm
ATR	Pass	4:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:21pm
CAL	Pass	4:21pm

Preventive Maintenance Status: Pass

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

County <u>//</u>	Dowell Instrument Location McDowell	<u>Ca. 34.1</u>
Instrument Seri	erial No. <u>008888</u> <u>Marion, NC</u>	
The preventive four months are	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed are:	at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulato 34 degrees, plus or minus .2 degree centigrade;	r thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or th simulator solution is being changed every four months or after 125 Alcoholic Browhichever occurs first.	e alcoholic breath eath Simulator tests,
procedures we	on the 23 day of November, 2010 the forgoing pre- were performed on the instrument indicated above, in accordance with current regulation of Health and Human Services, and the instrument is functioning properly.	ventive maintenance ons of the N.C.
OF STATE OF THE CREAT SECTION WHILE STATE OF THE CREAT SECTION WHILE STATE OF THE CREAT SECTION OF THE CREAT SECTI	E ON NORTH CAROLINA C	649
	Signature of Certifying Official Cer	tificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 11/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:11pm 4:12pm 4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm

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

# MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 506

Test Date: 11/23/2010

Test Time: 4:18pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	4:18pm
FLO	Pass	4:18pm
FC	Pass	4:19pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:20pm 4:20pm

Preventive Maintenance Status: Pass

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

County_	Very Instrument Location Avery Co. Jail
Instrument Se	rial No. 008664 Newland, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of
LY S OF LATE O	Signature of Certifying Official  Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 11/10/2010

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: 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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:01pm 4:02pm 4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 364
Test Date: 11/10/2010 Test Time: 4:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:09pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	4:09pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm
	CRC Tests	
Test	Status	Time

1000	2000	
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance Status: Pass

Analyst

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

County $B$	11 Ke	Instrument Location Moggarton	<u> </u>
Instrument Se	rial No. <u>008831</u>	Morganton,	<u>NC</u>
The preventive four months a		Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath legree centigrade;	simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration de langed every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures v	vere performed on the instrument in	ndicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATI ST	CAROLIU CAROLIU		649
	Si	gnature of Certifying Official	Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 11/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:58pm 1:58pm 1:59pm
AIR BLK	.00	2:00pm
SUB TEST AIR BLK	.00 .00	2:01pm 2:01pm
SUB TEST ATR BLK	.00	2:03pm 2:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 1014
Test Date: 11/29/2010 Test Time: 2:05pm EST

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time	
ATR		Pass	2:06pm

## Printer Tests

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

1000	Deacab	1 1110
COMP	Pass	2:06pm
CAL	Pass	2:06pm

Preventive Maintenance Status: Pass

Analyst

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

County BUK	Ke Instrument Location Morgan ton DPS.
Instrument Seria	al No. 008904 Morganton, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	the <u>29</u> day of <u>November</u> , 20/0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OR OTHER STATE OF THE STATE OF	Signature of Certifying Official  Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 11/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.08	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 411 Test Date: 11/29/2010 Test Time: 2:06pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:06pm
SRC	Pass	2:06pm
DET	Pass	2:06pm
BAR	Pass	2:06pm
$\mathtt{BT}$	Pass	2:06pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	2:07pm	

## Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

Preventive Maintenance Status: Pass

Analyst

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

County	UAYE	_ Instrument Loc	ation APEX	<u>Pss</u>	And the state of t	
Instrument Se	erial No. <u>008621</u>	65 E	WILLAMS	Comp.	ARY	<u>\</u> \
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model	Intox EC/IR II to I	e followed at	t least once e	very
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, degree centigrade;	or the alcoholic bre	ath simulator	thermomete	r shows
2.	Verify instrument displays tin	ne and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompte	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	ppears, collect breath	sample;			
7.	When "PLEASE BLOW" ap	pears, 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 chang hanged every four m	ged before expiration on the or after 125 A	on date, or the Alcoholic Bre	alcoholic bath Simulate	reath or tests,
I certify that procedures v Department	on the <u>SO</u> day of Nowere performed on the instrument of Health and Human Services, and	indicated above, in a d the instrument is for	, 20 <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	forgoing prev rent regulatio ′.	ventive main ns of the N.C	tenance 3.
STAT STATE OF THE CREAT SE		signature of Certifyin	g Official	Cer	S 2	ber

APEX PD WAKE COUNTY
Serial Number: 008621
Test Date: 11/30/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Tobo Tipo. Diodon tob

Lot Number: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	11:34am
AIR BLK	.00	11:35am
ACCY CHK	.08	11:36am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

APEX PD WAKE COUNTY

Serial Number: 008621 Test Record Number: 643 Test Date: 11/30/2010 Test Time: 11:42am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:44am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:44am
CAL	Pass	11:44am

Preventive Maintenance Status: Pass

Analyst

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

County Me	ckleuburg Instrument Location Matthews PD	
Instrument Ser	ial No. 008699 1201 Crews Road, Matthews	
	704-847-4069	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 <u>33rd</u> day of <u>November</u> , 20 10 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
THE COUNTY OF TH	William Control of the Control of th	
With the state of	Signature of Certifying Official Certificate Number	

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 11/23/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:10am 10:11am 10:11am
AIR BLK	.00	10:12am
SUB TEST	.00	10:13am
AIR BLK	.00	10:14am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 11/23/2010

Test Record Number: 1275
Test Time: 10:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:18am 10:18am
FC	Pass	10:18am

## Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
BT	Pass	10: <b>1</b> 8am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:19am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:19am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:19am

Pass

10:19am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County Med	cklenburg Instrument Location Mecklenburg County 5D
Instrument Seria	INO. 008703 801 E. 4th Street, Charlotte
	704-353-0180
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>33cd</u> day of <u>November</u> , 20 <u>10</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Date: 11/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	9:07am
AIR BLK	.00	9:08am
ACCY CHK	.08	9:08am
AIR BLK	.00	9:09am
SUB TEST	.00	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:14am
ATR RIK	0.0	9 • 15 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 3257 Test Date: 11/23/2010 Test Time: 9:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
BT	Pass	9:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:19am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

9:19am

9:19am

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

County Me	Klenburg Instrument Location Mecklenburg County 50	
Instrument Seri	al No. 008691 801 E. 4th Street, Charlotte	
	704-853-0180	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before 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 <u>33rd</u> day of <u>November</u> , 2010 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.		
OTHE STATE OF THE	Signature of Certifying Official Certificate Number	

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Date: 11/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	9:08am
AIR BLK	.00	9:09am
ACCY CHK	.08	9:10am
AIR BLK	.00	9:10am
SUB TEST	.00	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY SD 590

Serial Number: 008691

Test Record Number: 2568

Test Date: 11/23/2010 Test Time: 9:18am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:19am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:19am
SRC	Pass	9:19am
DET	Pass	9:19am
BAR	Pass	9:19am
BT	Pass	9:19am

#### Blank Tests

Test	Status	Time
лто	Dagg	9.19am

#### Printer Tests

Test	Statu <b>s</b>	Time
PRNT	Pass	9:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:19am 9:19am

Preventive Maintenance Status: Pass

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

County Me	cklenburg Instrument Location Mecklenburg County SD		
Instrument Serie	No. 008665 801 E. 4th Street, Charlotte 704-353-0180		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the <u>33rd</u> day of <u>November</u> , 2010 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 11/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:10am 9:11am 9:12am
ACCI CHR AIR BLK SUB TEST	.00	9:12am 9:13am <b>9:14a</b> m
AIR BLK	.00	9:15am
SUB TEST AIR BLK	<b>.00</b> .00	<b>9:17am</b> 9:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### MECKLENBURG COUNTY SD

Serial Number: 008665

Test Record Number: 1479

Test Date: 11/23/2010

Test Time: 9:19am EST

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 9:20am

#### Printer Tests

Test	Status	Time

9:21am PRNT Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	9:21am
$_{ m CAL}$	Pass	9:21am

Preventive Maintenance Status: Pass

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

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 11/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	9:09am
AIR BLK	.00	9:10am
ACCY CHK	.08 .	9:11am
AIR BLK	.00	9:12am
SUB TEST	.00	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### MECKLENBURG COUNTY SD

Serial Number: 008690

Test Record Number: 2325

Test Date: 11/23/2010

Test Time: 9:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time	
IR	Pass	9:19am	
FLO	Pass	9:19am	
FC	Pass	9:19am	

### Temperature Tests

Test	Status	Time
FC1	Pass	9:19am
SRC	Pass	9:19am
DET	Pass	9:19am
BAR	Pass	9:19am
BT	Pass	9:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:20am

#### Printer Tests

rest	Status	TTIIIE
PRNT	Pass	9:20am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:20am
CAL	Pass	9:20am

Preventive Maintenance Status: Pass

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

Instrument Serial No. 008842 126 5. 3rd Street, Albemarle	
704-986-3734	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once exfour months are:	/ery
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;</li> </ol>	show
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasumulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that on the 1944 day of November, 2010 the forgoing preventive mainter 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.	iance
CANO DE STATE OF TO STATE OF T	
Signature of Certifying Official Certificate Number	

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 11/19/2010

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:32am
AIR BLK	.00	9:33am
ACCY CHK	.08	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:35am
AIR BLK	.00	9:36am
SUB TEST	.00	9:38am
AIR BLK	.00	9:39am

Reported AC: .00 g/210L

Sygnature of Chemical Analyst

Court CVR.

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 11/19/2010

Test Record Number: 765

Test Time: 9:40am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:40am 9:40am
LTIO	Pass	9;40a
FC	Pass	9:40am

#### Temperature Tests

Status	Time
Pass	9:40am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:41am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:41am
CAL	Pass	9:41am

Preventive Maintenance Status: Pass

Analyst

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

61		KS, MODEL INTO		•
County Sta	nly	Instrument Location	Stanly	County SD
Instrument Seria	ul No. <u>008824</u>	126 S. 3rd 704-986-		, Albemarle
The preventive r	maintenance procedures for the In			followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		oholic breath	simulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	· •		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	·	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
	the 1944 day of No performed on the instrument ind lealth and Human Services, and t	icated above, in accordance	with current	oing preventive maintenance regulations of the N.C.
OF THE STATE OF A	A CAROUNA	.1		
QUAN VIII	Moskie Sign	ature of Certifying Official		Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 11/19/2010

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:30am 9:32am
ACCY CHK	.07	9:32am
AIR BLK	.00	9:33am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 11/19/2010 Test Record Number: 510

Test Time: 9:38am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:39am
FLO	Pass	9:39am
FĊ	Pass	9:39am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:39am 9:39am
DET	Pass	9:39am
BAR	Pass	9:39am
BT	Pass	9:39am

#### Blank Tests

Test	Status	T'ıme
AIR	Pass	9:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40am
	CRC Tests	
Test	Status	Time

Pass

Pass

9:40am

9:40am

Preventive Maintenance Status: Pass

COMP

CAL