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

County Caba	iccus	Instrument Location_	Cabarrus	County 50
Instrument Serial	No. 008590	30 Corban 704-920-	Ave , Gna	ord
The preventive m four months are:	naintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the ee centigrade;	alcoholic breath sin	nulator 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" appea	rs, collect breath samp	le;	
7.	When "PLEASE BLOW" appea	rs, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed be ged every four months	fore expiration date or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
procedures were	the <u>18th</u> day of <u>0 ctrains</u> performed on the instrument indicated the desired that the desired the desired that the desired	cated above, in accorda	ance with current re	ng preventive maintenance gulations of the N.C.
CHE STATE OF A STATE O	Signa Signa	ture of Certifying Offi	icial -	650 Certificate Number

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 10/18/2010

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: 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	Pass .00 .08 .00 .00	12:37pm 12:38pm 12:39pm 12:39pm 12:40pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 1258

Test Date: 10/18/2010 Test Time: 12:46pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Gaston Instrument Location Gaston Gunty 50	*************************		
Instrument	nt Serial No. 008643 425 N. Marietta Street, Gaston 704-869-6800	i\a		
The prevent	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once on this are:	every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometers 34 degrees, plus or minus .2 degree centigrade;	er 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;	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic b simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.			
procedure	that on the	itenance C.		
ON THE CREAT SECTION OF SECTION O	STATE ON NORTH COLUMN VIDE AND Signature of Certifying Official Certificate Number	ber		

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 10/11/2010

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:58pm 3:59pm 3:59pm 4:00pm <b>4:01pm</b>
AIR BLK	.00	4:02pm
SUB TEST AIR BLK	.00 .00	4:05pm 4:05pm
		4 · O ⊃ D III

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 1052 Test Date: 10/11/2010 Test Time: 4:07pm EDT

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
CAL	Pass	4:08pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Cabacrus	Instrument Location	Coborcus	County SD
Instrume	ent Serial No. <u>008635</u>	30 Corban	19	Concord
The prev	ventive maintenance procedures for the Intonnths are:	704-920 cimeters, Model Into		llowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		alcoholic breath s	imulator 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 samp	le;	
7.	. When "PLEASE BLOW" appears	, collect breath samp	ole;	
8.	. Print test record;			
9.	. Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.			
procedur	that on the 544 day of 0 etologous day of 10 e	ted above, in accorda	ance with current r	
STATE OF A STATE OF S	STATE OF NORTH CAROLINA COLLAN YOUR STATE OF THE STATE OF	W MACO		65 <b>Þ</b>
	Signatu	re of Certifying Offi	cial	Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 10/05/2010

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: AG003402 Exp Date: 02/03/2012

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 2153 Test Date: 10/05/2010 Test Time: 2:02pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:02pm
SRC	Pass	2:02pm
DET	Pass	2:02pm
BAR	Pass	2:02pm
BT	Pass	2:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Mac	Instrument Location Macs Hill DD
Instrument Serial	1No. 008582 Mars Hill, 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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures were	the
THE STATE OF THE S	Figure of Cortifuing Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/06/2010

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: 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

AIR BLK .00 2:12pm ACCY CHK .07 2:13pm	Test	g/210L	Time
SUB TEST .00       2:14pm         AIR BLK .00       2:15pm         SUB TEST .00       2:17pm	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .07 .00 .00	2:11pm 2:12pm 2:13pm 2:14pm 2:14pm 2:15pm 2:17pm 2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 731 Test Date: 10/06/2010 Test Time: 2:18pm EDT

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

Analyst

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

County Mac	lison	Instrument Location Mass	HU P.D.
Instrument Seria	INO. <u>(20</u> 8599	Mars	Hill, NC
The preventive r		toximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		reath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expira- aged every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures were	e performed on the instrument ind	the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
STATE OF THE CREAT	CAROLINA 1	nature of Certifying Official	Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Date: 10/06/2010

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: 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
ACCY CHK AIR BLK SUB TEST AIR BLK	.00	2:12pm 2:13pm 2:13pm 2:14pm 2:14pm 2:15pm 2:17pm
AIR BLK	.00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Record Number: 342 Test Date: 10/06/2010 Test Time: 2:18pm EDT

System Check: Passed

#### Baseline Tests

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

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time

Pass

Pass

2:20pm

2:20pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

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

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

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 10/11/2010

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: 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: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	6:41pm 6:42pm 6:43pm
AIR BLK SUB TEST	.00 .00	6:44pm <b>6:44pm</b>
AIR BLK	.00	6:45pm
SUB TEST	0.00	6:46pm
AIR BLK	.00	6:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Common Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 965 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:49pm
FLO	Pass	6:49pm
FC	Pass	6:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
BT	Pass	6:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:50pm 6:50pm

Preventive Maintenance Status: Pass

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

County Heac	lesson Instrument Location Henderson Co Dentertion
Instrument Seria	al No. 008806 Headersonville, 45
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OTHE STATE OF THE	Signature of Certifying Official  Certificate Number

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 10/11/2010

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	6:46pm 6:47pm 6:48pm 6:48pm 6:49pm 6:50pm
SUB TEST	.00	6:51pm
AIR BLK	.00	6:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 701
Test Time: 6:57pm EDT

Test Date: 10/11/2010 Test Time: 6:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:57pm 6:57pm
FC	Pass	6:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:58pm
SRC	Pass	6:58pm
DET	Pass	6:58pm
BAR	Pass	6:58pm
BT	Pass	6:58pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	6:58pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:58pm

### CRC Tests

Test	Status	Time
COMP	Pass	6:58pm
CAL	Pass	6:58pm

Preventive Maintenance Status: Pass

Analyst

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

County Mi	che!	Instrument Location_	<u> Spike</u>	<u> </u>	
Instrument Se	erial No. <u>70 872 6</u>	<u> </u>	Druce_	Date of	NC
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be	e followed at le	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic brea	th simulator th	ermometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath samp	le;		
7.	When "PLEASE BLOW" app	pears, collect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed be anged every four months	fore expiration or after 125 Al	date, or the al coholic Breath	coholic breath Simulator tests,
procedures w	on the <u>20</u> day of <u>Oct</u> vere performed on the instrument in of Health and Human Services, and	ndicated above, in accorda	ance with curre	rgoing preven nt regulations	tive maintenance of the N.C.
THE STATE OF THE S	CAROLINA			6	'49

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

Signature of Certifying Official

Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/20/2010

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 341
Test Date: 10/20/2010 Test Time: 5:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:18pm
FLO	Pass	5:18pm
FC	Pass	5:19pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:19pm
SRC	Pass	5:19pm
DET	Pass	5:19pm
BAR	Pass	5:19pm
BT	Pass	5:19pm

#### Blank Tests

Test	Status	TIME
AIR	Pass	5:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:19pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

Preventive Maintenance Status: Pass

Analyst

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

County <u>Ca</u>	Instrument Location	Caldwell Co- Sail
Instrument Seria	ll No. <u>00 880 3</u>	Locald, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox	x EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath samp	ple;
7.	When "PLEASE BLOW" appears, collect breath samp	ole;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed be simulator solution is being changed every four months whichever occurs first.	
procedures were	theday of	ance with current regulations of the N.C.
A STARTS AND SEATON OF STARTS AND SEATON WALLS AND SEATON OF STARTS AND	Signature of Certifying Offi	icial Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 10/21/2010

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:21pm 3:22pm 3:23pm 3:24pm 3:24pm 3:25pm 3:27pm
AIR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 223
Test Date: 10/21/2010 Test Time: 3:29pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	3 • 3 O m

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time

Pass

Pass

Preventive Maintenance Status: Pass

3:30pm

3:30pm

This form is used when performing Preventive Maintenance procedures

COMP

CAL

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

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

County Van	Instrument Location Vancey Co. Jail
Instrument Seri	ial No. 60 8653 Instrument Location Yancey Co. Jail  Bouns VIIIe , NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
CREAT STATE OF STATE	

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

Signature of Certifying Official

Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 10/25/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	3:44pm 3:45pm 3:46pm 3:46pm 3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 706 Test Date: 10/25/2010 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
FC	Pass	3:51pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3 · 5 2 pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:52pm 3:52pm

Preventive Maintenance Status: Pass

Analyst Care

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

County CR	AVEN Instrum	nent Location <u>BAT</u>	Mobil Unit
Instrument Seria	INO. <u>## 08898</u>	54P	
The preventive r four months are:	naintenance procedures for the Intoximeters	s, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig		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	t breath sample;	
7.	When "PLEASE BLOW" appears, collect	t breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.		
procedures were	he day of C_T	ve, in accordance with cur	rent regulations of the N.C.
STATE OF A	OPEN CAROLINA		601
	Signature of Co	ertifying Official	Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Date: 10/01/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:23pm 11:24pm 11:25pm 11:25pm 11:26pm 11:27pm 11:28pm
AIR BLK	.00	11:29pm

Reported AC: .00 gr/210L

Signature of Chemical Analyst

Court CVR

- C. C. Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Record Number: 502 Test Date: 10/02/2010 Test Time: 12:28am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:29am 12:29am 12:29am 12:29am 12:29am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30am

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:30am
С	RC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:30am 12:30am

Preventive Maintenance Status: Pass

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

County	TRAVEN Instrument Location BAT Mobile 401.4
Instrument S	Serial No. <u>008939</u> <u>SAP</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on theday of, 20 <u>/ O</u> 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.
PATS SILVE CREAT SECTION OF SILVE SECTION OF SILVE SECTION OF SILVE SECTION OF SILVE SECTIO	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 10/01/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:24pm
AIR BLK	.00	11:25pm
ACCY CHK	.08	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Record Number: 443
Test Date: 10/01/2010 Test Time: 11:36pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Anályst

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

County R	TVE/V Ins	strument Location BAF 1	robile units
Instrument Seria	No. <u>008869</u>	5148	
The preventive r four months are:	naintenance procedures for the Intoxim	eters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co		simulator thermometer shows
2.	Verify instrument displays time and o	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expiration of very four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
l certify that on procedures were Department of I	the day of C performed on the instrument indicated lealth and Human Services, and the ins	20/0 the for above, in accordance with current trument is functioning properly.	going preventive maintenance t regulations of the N.C.
O'THE STATE ON THE STATE OF THE	Signature	of Certifying Official	Certificate Number

#### CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Record Number: 367 Test Date: 10/02/2010 Test Time: 2:14am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	2 · 15am

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	2:15am

Preventive Maintenance Status: Pass

Pass

2:15am

CAL

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 10/02/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	2:06am 2:07am 2:07am 2:09am 2:09am 2:10am 2:12am
AIR BLK	.00	2:13am

Reported AC: .00 g/210L

Signature of Memical Analyst

Court CVR

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

County / 62	Instrument Location_	BAT Mobile Unit	
Instrument Seria	No. 608939 4: 1570~		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox E	CC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the al 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.		
I certify that on to procedures were Department of H	he day of	the forgoing preventive maintenance with current regulations of the N.C. ng properly.	
OF THE STATE OF N	Signature of Certifying Officia	Certificate Number	

#### LENOIR COUNTY BAT MOBILE UNIT 6 530

Serial Number: 008939 Test Record Number: 447
Test Date: 10/02/2010 Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	11:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:13pm 11:13pm

Preventive Maintenance Status: Pass

Ánalyst

LENOIR COUNTY BAT MOBILE UNIT 6 530

Serial Number: 008939 Test Date: 10/02/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subjection Date of Birth, 11/11/

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:04pm 11:05pm 11:06pm 11:06pm <b>11:07pm</b> 11:08pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

County_	Carteret Instrument Location SAT MOBILE Unit
Instrume	nt Serial No. <u>008939</u> <u>Adduntic Beach</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every oths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
CREAT SE	STATE OF COLUMN VIDENT COLUMN

### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 451 Test Date: 10/10/2010 Test Time: 12:02am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:02am
FLO	Pass	12:02am
FC	Pass	12:02am

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:02am
SRC	Pass	12:02am
DET	Pass	12:02am
BAR	Pass	12:02am
BT	Pass	12:02am

#### Blank Tests

Test	Status	Time
AIR	Pass	12:03am

#### Printer Tests

'l'est	Status	Time
PRNT	Pass	12:03am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:03am

12:03am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 10/09/2010

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: RHODES, KENNETH C

Permit Number: 5329E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County /	Page 15 Instrument Location BATMObile Uni
Instrument Se	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
THE CHEAT SEATON OF THE STATE O	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 370 Test Date: 10/30/2010 Test Time: 11:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:29pm
FLO	Pass	11:29pm
FC	Pass	11:29pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	'I'ıme
AIR	Pass	11:30pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

5. C. Shode

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 10/30/2010

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

5. Collegelle

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

County 5	Zunswick Instrument Location BAT Mobile Unit
Instrument S	erial No. <u>O 08898                                 </u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 30 day of 0/10/20, 20/0 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE OFFICE OF THE	<u> </u>
	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 512 Test Date: 10/30/2010 Test Time: 11:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:30pm 11:30pm
FC	Pass	11:30pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:30pm 11:30pm
DET	Pass	11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

#### Blank Tests

rest	Status	Time
AIR	Pass	11:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:31pm
CAL	Pass	11:31pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 10/30/2010

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: RHODES, KENNETH C

Permit Number: 5329E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:21pm 11:22pm 11:22pm
AIR BLK	.00	11:23pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Z / Z	Instrument Location 13 AT Mobile Unit
Instrument Seria	ul No. <u>008939</u> <u>50</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 30 day of 00 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

#### BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 461 Test Date: 10/30/2010 Test Time: 11:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30pm
FLO	Pass	11:30pm
FC	Pass	11:30pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:30pm
SRC	Pass	11:30pm
DET	Pass	11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:31pm 11:31pm

Preventive Maintenance Status: Pass

K C Moder

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 10/30/2010

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:20pm
AIR BLK	.00	11:21pm
ACCY CHK	.08	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:26pm
AIR BLK	.00	11:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H. C. Shoot



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

County ()	5/00 Instrument Location 15 AT Mabile Man +C
Instrument Serial	No. 008898 Jackson Jille
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.
	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Record Number: 508
Test Date: 10/29/2010 Test Time: 7:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:00pm
FLO	Pass	7:00pm
FC	Pass	7:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:01pm
SRC	Pass	7:01pm
DET	Pass	7:01pm
BAR	Pass	7:01pm
BT	Pass	7:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:01pm

#### Printer Tests

Test

Status Time

PRNT	Pass	7:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:01pm 7:01pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 10/29/2010

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:52pm 6:53pm 6:54pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	.00	6:57pm
AIR BLK	.00	6:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County_	00	5/0W Instrument Location BAT Mobile Gar.
Instrume	ent Serial	No. <u>008939</u> <u>JACKSON / ille</u>
	ventive m	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.
procedu		he
GALLAN SERVICE	E STATE OF NO. 1775  MARIA 12. DE E QUAM VIOLENTE E QUAM VIOLE	To College Gol
		Signature of Certifying Official Certificate Number

#### ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 456 Test Date: 10/29/2010 Test Time: 6:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:58pm
FLO	Pass	6:58pm
FC	Pass	6:59pm

### Temperature Tests

Test	Status	Time
FC1	Pass	6:59pm
SRC	Pass	6:59pm
DET	Pass	6:59pm
BAR	Pass	6:59pm
BT	Pass	6:59pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:59pm 6:59pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 10/29/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	6:51pm 6:52pm 6:52pm 6:53pm 6:54pm 6:55pm 6:55pm
AIR BLK	.00	6:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H. C. Malyst

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

County Gr	Here + Instrument Location BAT Mobile anit 6
Instrument Serial	No. 008898 Morehead City
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.
	he day of November, 20/0 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	4. C. Marl 601
	Signature of Certifying Official Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 522
Test Date: 11/05/2010 Test Time: 9:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:14pm
FLO	Pass	9:14pm
FC	Pass	9:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:14pm
SRC	Pass	9:14pm
DET	Pass	9:14pm
BAR	Pass	9:14pm
BT	Pass	9:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:15pm
CAL	Pass	9:15pm

Preventive Maintenance Status: Pass

C. flllefle

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	9:06pm 9:07pm 9:07pm 9:08pm 9:08pm 9:09pm
SUB TEST	.00	9:11pm
AIR BLK	.00	9:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Malyst

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

	INTOXIMETE	RS, MODEL INTOX EC/I	K 11
County 6	rteret	Instrument Location 1547	Mobile 4mix
Instrument Ser	rial No. <u>008939</u>	More Load	Ciry
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat egree centigrade;	th 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.	whichever occurs first.	ister is being changed before expiration unged every four months or after 125 Al	coholic Breath Simulator tests,
procedures we	ere performed on the instrument in	dicated above, in accordance with curre the instrument is functioning properly.	nt regulations of the N.C.
AURI 22 176 CISE QUAM VI		nature of Certifying Official	Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 472 Test Date: 11/05/2010 Test Time: 9:18pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18pm
FLO	Pass	9:18pm
FC	Pass	9:18pm

#### Temperature Tests

Test	Status	Time
ma1	Do	0 - 1 0
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm
	CRC Tests	
Teat	Status	Time

TCDC	Status	TIME
COMP	Pass	9:19pm
CAL	Pass	9:19pm

Preventive Maintenance Status: Pass

M. C-Moole
Analyst

### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 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: Female Driver's License State: XX Driver's License Number: NONE

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

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:06pm 9:07pm 9:08pm 9:09pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

.00 g/210L Reported AC:

Signature of Chemical

Court CVR

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

County	P-'++ Instrument Location BAT Mobile United
Instrumen	Serial No. 068939 Green///e
The preve	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 3/ day of 7/06/, 20/0 the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
THE CREAT SET OF	ATE OF NORTH AND
	Signature of Certifying Official Certificate Number

### PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939 Test Record Number: 470 Test Date: 10/31/2010 Test Time: 5:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:43pm

Preventive Maintenance Status: Pass

Pass

5:43pm

CAL

A. C. Malyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939 Test Date: 10/31/2010

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:33pm 5:34pm 5:34pm
AIR BLK	.00	5:35pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	J-2, 4 - fem		Instrument Location_	BATUM	obileuni+
Instrument	t Serial No	08898	<u>Cheen</u>	v.11/e	
The prever		procedures for the	e Intoximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.			ter displays pressure, or the a degree centigrade;	alcoholic breath simi	ulator thermometer shows
2.	Verify ins	strument displays t	ime and date;		
3.	Initiate br	eath test sequence	;		
4.	Enter info	ormation as prompt	ted;		
5.	Verify ins	strument accuracy;			
6.	When "Pl	LEASE BLOW" a	ppears, collect breath sample	e;	
7.	When "Pl	LEASE BLOW" a	ppears, collect breath sample	e;	
8.	Print test	record;			
9.	Verify Di	agnostic Program;	and		
10.	simulator		canister is being changed bef changed every four months o		
procedure		on the instrument	C706e, 20, indicated above, in accordant the instrument is function	nce with current regu	preventive maintenance plations of the N.C.
O S S S S S S S S S S S S S S S S S S S	CARE OF NO. 11. CAROLLIN. 12. UP. 12.	K. C	Signature of Certifying Offic	ial	Certificate Number

#### PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008898 Test Record Number: 517 Test Date: 10/31/2010 Test Time: 5:42pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm
	CRC Tests	
Test	Status	Time

5:43pm Pass Preventive Maintenance Status: Pass

Pass

5:43pm

COMP

CAL

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008898 Test Date: 10/31/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.07	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
 SUB TEST	.00	5:40pm
ATR BLK	.00	5:41pm

Reported AC: ~00 g/210L

Signature of Chemical Analyst

Court CVR

T. C. Males

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

County	Instrument Location BAT Mobile (41)
Instrument Se	erial No. <u>(068869</u> <u>(70eenville</u>
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that procedures v Department	on the
TARE 12. OF MAN 12. OF	CAROLLA CONTROLLA CONTROLL

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 BAT MOBILE UNIT 6 730

Serial Number: 008869 Test Record Number: 373 Test Date: 10/31/2010 Test Time: 5:40pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	5:41pm
SRC	Pass	5:41pm
DET	Pass	5:41pm
BAR	Pass	5:41pm
BT	Pass	5:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:41pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008869 Test Date: 10/31/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	5:31pm 5:32pm 5:33pm 5:34pm 5:34pm 5:35pm
SUB TEST AIR BLK	.00 .00	<b>5:37pm</b> 5:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 254	Instrument Location VASIND TOAK CO. PARIS GARAGE
Instrument Serial	No. 008588 200 E. Colonial Ave., Elizabeth 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;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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, 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.
THE STATE OF N. O. THE STATE OF	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008588 Test Date: 10/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

09/01/2009-09/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:37pm 12:38pm 12:38pm 12:39pm
SUB TEST AIR BLK	.00	12:40pm 12:41pm
SUB TEST AIR BLK	.00 .00	12:42pm 12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008588 Test Record Number: 536 Test Date: 10/27/2010 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	12:45pm
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

_ +		
COMP	Pass	12:46pm
CAL	Pass	12:46pm

Preventive Maintenance Status: Pass

Analyst

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

County	Derkin	Instrument Location	Windson DO , Zod Prec	<u>_</u>
Instrument Ser	rial No. <u>004441</u>	122 E. Gran	ille, Windsor M.C.	
The preventive four months ar		e Intoximeters, Model Intox	EC/IR II to be followed at least once every	/
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	alcoholic breath simulator thermometer sho	)WS
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	;		
6.	When "PLEASE BLOW"	appears, collect breath sampl	e;	
7.	When "PLEASE BLOW"	appears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed bef changed every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator test	ts,
I certify that of procedures we Department of	on theday of ere performed on the instrument f Health and Human Services, a	t indicated above, in accorda	the forgoing preventive maintenannce with current regulations of the N.C. ning properly.	ice
When the State of the CREAT Section of the CREAT Se	AROLIN A	Times hees	R. 647	
		Signature of Certifying Office	cial Certificate Number	

BERTIE COUNTY WINDSOR PD 2ND PRCNT 070

Serial Number: 008897 Test Date: 10/07/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BERTIE COUNTY WINDSOR PD 2ND PRCNT 070

Serial Number: 008897 Test Record Number: 387 Test Date: 10/07/2010 Test Time: 12:19pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:20pm 12:20pm 12:20pm 12:20pm 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	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance Status: Pass

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

County	Instrument Location Kill Devil Wills V.V.
Instrument Serie	al No. 009844 107 Town Hall DR., Kill Devil Wills
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/05/2010

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: 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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:19pm 12:20pm 12:21pm 12:22pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 690 

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:28pm 12:28pm

Preventive Maintenance Status: Pass

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

County_	INTOXIMETERS, WIODEL INTOX ECTR II  Instrument Location fix to Design Cask
Instrument Seri	al No. DOBUMY 124 Detention On., Greenville, N.C
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n theday of, 20
OTHE STATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	TO CAROLINA

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/06/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	.00 .00 .00	9:47am 9:48am 9:49am 9:50am 9:50am 9:51am 9:53am 9:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 992

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	Pass	9:56am
CAL	Pass	9:56am

Preventive Maintenance Status: Pass

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

County	Instrument Location Pin Co. Devention Cen	<u>V</u>
Instrument Seria	ial No. DOGGES 124 Detention Day Coccensile,	A STATE OF THE STA
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer states 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	ith ests,
I certify that or procedures were Department of	on theday of, 20	ance
STATE OF THE STATE	Signature of Certifying Official Certificate Number	ì

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 10/06/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:36am 9:37am 9:37am 9:38am <b>9:39am</b> 9:40am <b>9:41am</b>
AIR BLK		9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 1411 Test Date: 10/06/2010 Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:44am
FLO	Pass	9:44am
FC	Pass	9:44am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:44am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:44am

#### CRC Tests

COMP	Pass Pass	9:45am 9:45am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location Vin (a. ) 2 Mon (e)
Instrument Ser	ial No. DOGWY 124 DETENTION DR., GREENWILL, N.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
STATE OF STA	CAROUN

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/06/2010

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: KEESLER, LINDA A
Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:50am
AIR BLK	.00	9:50am
ACCY CHK	.07	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
AIR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 469 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:05am 10:05am
FC	rass Pass	10:05am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:06am 10:06am 10:06am 10:06am 10:06am

#### Blank Tests

Test	Status	Time	

10:06am AIR Pass

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:06am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:07am
CAL	Pass	10:07am

Preventive Maintenance Status: Pass

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

County	EE	Instrument Location_	SANTORY	16/13
Instrument Seri	al No. <u>008867</u>	DEPT,	SANFORD,	NC
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be followed a	at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simulator	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" appe	ars, collect breath sampl	le;	
7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	ı		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed beinged every four months of	fore expiration date, or the or after 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
procedures wer	the day of re performed on the instrument ind Health and Human Services, and t	icated above, in accorda	nce with current regulation	ventive maintenance ons of the N.C.
THE CREAT OF THE PROPERTY OF T	GARO COMPANIENTE C	ature of Catifuing Office	oid Cor	tificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG825401 Exp Date: 10/02/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	4:52pm 4:53pm 4:54pm 4:55pm 4:55pm 4:56pm 4:57pm
AIR BLK	.00	4:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Record Number: 313 Test Date: 10/28/2010 Test Time: 4:59pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	mq00:2

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance Status: Pass

Analyst

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

County	Hyde	Instrument Location	de Co. Shortf's OR
Instrument	Serial No. <u>()() 880 </u>	1233 Main S	t, Suen Quarter, N.
The prevent	•	the Intoximeters, Model Intox EC/IR	R II to be followed at least once every
1,	Verify the ethanol gas ca 34 degrees, plus or minus		olic 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	су;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	ım; and	
10.		as canister is being changed before ex ng changed every four months or after	spiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	were performed on the instrum	ent indicated above, in accordance wis, and the instrument is functioning pr	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
FINE GREAT SE	ATE OF NORTH CAROLINA	Signature of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 10/26/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemi/cal Analyst

Court CVR

Analyst

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

Serial Number: 008801 Test Record Number: 173 Test Date: 10/26/2010 Test Time: 11:15am EDT

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	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
BT	Pass	11:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	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 Ma	Instrument Location Markin 6. 5.0.
Instrument Seria	INO. OD8879 305 E. Main St., Williamston, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 25 day of 0, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 10/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:58am 9:59am 10:00am 10:01am 10:01am
AIR BLK SUB TEST	.00	10:02am 10:04am
ATR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 223 Test Date: 10/25/2010 Test Time: 10:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:06am
FLO FC	Pass Pass	10:06am

### Temperature Tests

Status	Time
Pass	10:06am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CRC Tests	
Test	Status	Time

IESU	Status	Time
COMP	Pass	10:07am
CAL	Pass	10:07am

Preventive Maintenance Status: Pass

Analyst

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

County &	Instrument Location Kinston P.D.
Instrument Seria	No. 008624 205 E. King St., Kinston, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
l certify that on procedures wer Department of	Verify that the ethanol gas canister is being changed before 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
O'NE STATE OF THE CUETAL S	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 10/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 780 Test Date: 10/22/2010 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 SRC DET BAR BT	Pass Pass Pass	11:36am 11:36am 11:36am 11:36am
D1	Pass	11:36am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:37am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 6	Nan	Instrument Loca	tion Chauan (	a Rublic Safel
Instrument Seria	1 No. <u>008895</u>	305 W.	Feemason	St. Edanton,
The preventive n four months are:	naintenance procedures for the l	Intoximeters, Model I	ntox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		the alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	l;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sa	ample;	
7.	When "PLEASE BLOW" app	pears, collect breath sa	ample;	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			
	he day of comperformed on the instrument in lealth and Human Services, and		ordance with current re	ng preventive maintenance gulations of the N.C.
STATE OF AN SOLUTION OF STATE OF AN SOLUTION OF STATE OF AN SOLUTION OF STATE OF STA	ONTHE CAROLINA SIGN	nature of Certifying (	Official	6/3 Certificate Number

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 10/21/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:09am 11:10am 11:11am 11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 307 Test Date: 10/21/2010 Test Time: 11:17am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:17am
FLO	Pass	11:17am
FC	Pass	11:18am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
$\mathtt{BT}$	Pass	11:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass

Analyst

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

County 5/	iain	Instrument Location Sa	Min Co. Jail
Instrument Seri	ial No. <u>008727</u>	Bryson Ci	ty, Ne
The preventive four months are		e Intoximeters, Model Intox EC/IF	R II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	eter displays pressure, or the alcohold degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy		
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before ex changed every four months or afte	xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
nrocedures we	ere performed on the instrumen	t indicated above, in accordance wand the instrument is functioning p	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
THE STATE OF THE CASE OF THE C	No. IM CAROUNA	Signature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 10/21/2010

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Test Record Number: 476 Serial Number: 008727 Test Date: 10/21/2010 Test Time: 12:10pm EDT

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
AIR	Pass	12:11pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	Swain	Instrument Location Single	in Co. Jail
Instrumen	t Serial No. <u>008723</u>	Bryson City	NC
The preve four mont		or the Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	anister displays pressure, or the alcoholic bus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument display	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	V" appears, collect breath sample;	
7.	When "PLEASE BLOV	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expirating changed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	es were performed on the instrur	nent indicated above, in accordance with cues, and the instrument is functioning proper	arrent regulations of the N.C.
THE GREAT SEA	STATE OF NOTHING CAROLINA CARO	in/R. Cath	635
		Signature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 10/21/2010

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:04pm 12:05pm 12:05pm 12:06pm 12:07pm 12:08pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 241 Test Date: 10/21/2010 Test Time: 12:11pm EDT

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 SRC	Pass	12:11pm
DET	Pass Pass	12:11pm 12:11pm
BAR	Pass	12:11pm
$\mathtt{BT}$	Pass	12:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

#### Printer Tests

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

12:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County /	hyrokte Instrument Location Ch-	erokee Co. Juil
Instrument Ser	rial No. <u>2089/1</u> <u>Murphy, N</u>	
The preventive four months as	e 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 alcohol 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	
	on the	
TO THE CONTROL OF THE	College Colleg	635
	Signature of Certifying Official	Certificate Number

## CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008911 Test Date: 10/25/2010

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008911 Test Record Number: 57 Test Date: 10/25/2010 Test Time: 12:32pm EDT

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	Pagg	12·33pm

12:33pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	Instrument Location His hlands P.D.
Instrument Seria	No. 008795 //ishlands, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	he
THE CHECKEN OF THE CH	Eignetive of Contificien Official Continued

MACON COUNTY HIGHLANDS PD 550

Serial Number: 008795 Test Date: 10/28/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

#### MACON COUNTY HIGHLANDS PD 550

Serial Number: 008795 Test Record Number: 170 

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 SRC	Pass Pass	12:37pm
DET	Pass	12:37pm 12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

#### Printer Tests

Test

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

Status Time

Preventive Maintenance Status: Pass

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

County	DAVIDSON	Instrument Location	BAT MOBILE UNIT 3
Instrument S	Serial No. <u>OO 870 7</u> _		THOMASUILLE, NC
The prevent four months	ive maintenance procedures for the Intox a are:	imeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the a centigrade;	lcoholic breath 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	s, collect breath sample	r,
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.	r is being changed befored every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
necedures	at on the <u>30</u> day of <u>007</u> were performed on the instrument indicate of Health and Human Services, and the	ated above, in accordar	the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
CARLAT SECTION OF SECT	CAROLL		,
A LEGE OFF	Weim K	Lay Bain	ial Certificate Number
	Signat	ure of Certifying Offic	iai Certificate radificei

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Date: 10/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:27pm 10:28pm 10:29pm 10:30pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ilun Ray

### DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Date: 10/30/2010 Test Record Number: 706
Test Time: 10:34pm EDT

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	Pass	10:35pm
CAL	Pass	10:35pm

Preventive Maintenance Status: Pass

Analyst

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

County	DAVIDSON	Instrument Location	BAT MOBILE	UNIT 3
Instrument	Serial No. <u>008647</u>		THOMASVILL	E,NC
The preven	ative maintenance procedures for the s are:	Intoximeters, Model Intox I	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the all legree centigrade;	lcoholic breath simulator t	nermometer 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.	inister is being changed befor nanged every four months of	ore expiration date, or the a r after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
procedure	nat on the <u>30</u> day of <u>C</u> s were performed on the instrument i nt of Health and Human Services, and	ndicated above, in accordan	ice with current regulation	ntive maintenance s of the N.C.
GREAT SE	TATE OF NO OF THE CAROLINA STATE OF THE CARO			
A TOPE OF	all K	Cay Barres ignature of Certifying Office	.1	GUS ficate Number
	S	ignature of Certifying Offic	iai Certi	HOALE HUMBER

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Date: 10/30/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

DIAG Pass 10:42pm AIR BLK .00 10:43pm ACCY CHK .08 10:44pm AIR BLK .00 10:45pm SUB TEST .00 10:45pm AIR BLK .00 10:46pm SUB TEST .00 10:48pm AIR BLK .00 10:49pm AIR BLK .00 10:49pm	Test		g/210L	Time
	AIR I ACCY AIR I SUB :	CHK BLK <b>rest</b> BLK	.00 .08 .00	10:43pm 10:44pm 10:45pm 10:45pm 10:46pm
· · · · · · · · · · · · · · · · · · ·	SUB :	TEST.	.00	10:48pm
			.00	10:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Baines
Analyst

### DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Date: 10/30/2010 Test Record Number: 949 Test Time: 10:51pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:51pm
FLO	Pass	10:51pm
FC	Pass	10:51pm

#### Temperature Tests

Test	Status	Time
FCl	Pass	10:51pm
SRC	Pass	10:51pm
DET	Pass	10:51pm
BAR	Pass	10:51pm
BT	Pass	10:51pm

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	10:52pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:52pm
	CRC Tests	i
m-a-	d+5+11d	Time

lest	Scacus	1 11110
COMP	Pass	10:52pm 10:52pm
CAL	Pass	10.02pm

Preventive Maintenance Status: Pass

Analyst

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

County G	UILFORD	Instrument Location	BAT	MOBILE	UNIT.
Instrument Seria	al No. <u>008707</u>	Instrument Location	GREE	NSBORO,	NC_
The preventive four months are	maintenance procedures for the Into	ximeters, Model Intox E	C/IR II to be	e followed at least of	once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		coholic brea	th simulator thermo	meter shows
2.	Verify instrument displays time as	nd date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears	s, collect breath sample;			
7.	When "PLEASE BLOW" appears	s, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.				
procedures were	the 29 day of 00 performed on the instrument indicatealth and Human Services, and the	ted above, in accordance	e with curre	rgoing preventive r nt regulations of the	naintenance e N.C.
OF THE STATE OF TH	Contraction of the care of the	<i>7</i>		/ 11/	,
-minan	<u>(ilven 1</u> Signatu	Ray Barra re of Certifying Official	20	<i>اع کی ص</i> Certificate N	

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/29/2010

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: 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 AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00	11:19pm 11:20pm 11:21pm 11:22pm 11:23pm 11:25pm
AIR BLK	• U U	11:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alven Ray Barnes
Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 701 Test Date: 10/29/2010 Test Time: 11:26pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:27pm 11:27pm 11:27pm 11:27pm 11:27pm
<u>.</u>	- 422	/ P

#### Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT
Instrument S	erial No. <u>OOSC047</u>		BAT MOBILE UNIT S GREENSIBORO, NC
The prevention four months		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	;
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b>
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
		ndicated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
THE STATE OF THE S	Clem	n Ray Bar	
	Sig	gnature of Certifying Offici	al Certificate Number

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/29/2010

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: 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 AIR BLK	Pass .00 .08	11:24pm 11:25pm 11:25pm 11:26pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:27pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

-/03 OT mima

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/29/2010 Test Record Number: 942
Test Time: 11:30pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32pm

#### Printer Tests

Test

Status

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

Time

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD	Instrument Location	BAT MOBILE UNIT
Instrument	t Serial No. <u>008736</u>		GREENSBORD, NC
The prever	•	Intoximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d		coholic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<del>1</del> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		dicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
S S S S S S S S S S S S S S S S S S S	ATE OF NO.	Ray Bar	648

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

Signature of Certifying Official

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008736 Test Date: 10/29/2010

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: 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	Pass .00 .07	11:33pm 11:34pm 11:35pm
AIR BLK	.00	11:36pm
SUB TEST AIR BLK	.00 .00	11:36pm 11:37pm
SUB TEST	.00	11:39pm
AIR BLK	.00	11:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barres
Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008736 Test Record Number: 222
Test Date: 10/29/2010 Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40pm
FLO	Pass	11:40pm
FC	Pass	11:40pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:41pm
SRC	Pass	11:41pm
DET	Pass	11:41pm
BAR	Pass	11:41pm
BT	Pass	11:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:41pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:41pm 11:41pm

Preventive Maintenance Status: Pass

Analyst

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

County	F. T	Instrument Location	BA Mobile Land
Instrument Se	rial No. <u>00 fe 00</u>		Garanine
The preventiv		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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	3· '1
7.	When "PLEASE BLOW" ap	pears, collect breath sample	a. ''
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 anged every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	ndicated above, in accordan	the forgoing preventive maintenance ace with current regulations of the N.C. ing properly.
STATE OR STATE OF THE STATE OF	CAROLINA		

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Record Number: 705 Test Date: 10/31/2010 Test Time: 10:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

#### Temperature Tests

Status	Time
<b>*</b>	20 00
Pass	10:26pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	

<b>-</b>	Test	Status	Time
			10:27pm 10:27pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Date: 10/31/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:16pm 10:17pm 10:18pm 10:19pm 10:20pm
SUB TEST	.00	10:23pm

10:23pm

Reperted AC: .00 q/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

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

County	Fings.	Instrument Location_	BATHOBILE	Laborat Joseph
Instrument Se	erial No. <u>608698</u>		GALLAVILLE	·····
The preventive four months a	ve maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be followed at lea	ast once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		alcoholic breath simulator the	rmometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample	3;	
7.	When "PLEASE BLOW" appear	s, collect breath sample	a.,	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.			
I certify that procedures we Department of	on theday of vere performed on the instrument indicate of Health and Human Services, and the	ated above, in accordan	the forgoing preventince with current regulations oing properly.	ve maintenance f the N.C.
THE STATE OF THE S	CAROUN	1/57	Cortifica	

### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698

Test Record Number: 585 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:27pm
FLO	Pass	10:27pm
FC	Pass	10:27pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:27pm
SRC	Pass	10:27pm
DET	Pass	10:27pm
BAR	Pass	10:27pm
BT	Pass	10:27pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:28pm

#### Printer Tests

Test	Status	Time
1696	Status	Time

PRNT Pass 10:28pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	10:28pm

Preventive Maintenance Status: Pass

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Date: 10/31/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	10:17pm 10:18pm 10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Party	Instrument Location_	BAT IN	OBIL by harmony from the .
Instrument Se	erial No		ERENDUI	'L <u>E</u>
The preventive four months a	ve maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath si	imulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath samp	le;	
7.	When "PLEASE BLOW" app	pears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed be anged every four months	fore expiration dator after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
procedures v	on the	idicated above, in accorda	ance with current r	oing preventive maintenance regulations of the N.C.
TATE OREAT CO.	CAROLINA CAR	gnature of Certifying Offi	icial	Certificate Number

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Record Number: 484 Test Date: 10/31/2010 Test Time: 10:28pm EDT

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	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
$\mathtt{BT}$	Pass	10:29pm

#### Blank Tests

'l'est	Status	Time
AIR	Pass	10:29pm

#### Printer Tests

Test	Status	Time
 PRNT	Pass	10:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:29pm
CAL	Pass	10:29pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Date: 10/31/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:19pm
AIR BLK	.00	10:20pm
ACCY CHK	.07	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:25pm
ATR RLK	. 0.0	10:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	GARGE Instrument Location But mobile hait
Instrument	Serial No
The preven four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the 30 day of 20, 20, the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
WIND 565 - WIND TO SEE A	CAROUN

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

Signature of Certifying Official

Certificate Number

### GREENE COUNTY BAT MOBILE UNIT 5 390

Serial Number: 008600 Test Date: 10/30/2010

Test Record Number: 700 Test Time: 10:05pm EDT

10

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:05pm
SRC	Pass	10:05pm
DET	Pass	10:05pm
BAR	Pass	10:05pm
BT	Pass	10:05pm

#### Blank Tests

Test	Status	Time

AIR Pass 10:06pm

#### Printer Tests

Test	Status	Time
------	--------	------

PRNT Pass 10:06pm

#### CRC Tests

Test	Status	Time
COMP	Dagg	10.00

COMP Pass 10:06pm CAL Pass 10:06pm

Preventive Maintenance Status: Pass

Analyst

GREENE COUNTY BAT MOBILE UNIT 5 390

Serial Number: 008600 Test Date: 10/30/2010

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

10/01/2009-10/01/2011

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00	9:55pm 9:56pm 9:57pm 9:57pm <b>9:58pm</b>
SUB TEST	.00	9:59pm
AIR BLK	.00	10:01pm 10:02pm
		- V - U - DIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Creek	Instrument Location	SAT WOB'LE LOW . T#
Instrument	Serial No. <u>00869</u>	£	MANUAL TO THE STATE OF THE STAT
The prever		for the Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.		canister displays pressure, or the alcohous .2 degree centigrade;	nolic breath simulator thermometer shows
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	uence;	
4.	Enter information as pr	rompted;	
5.	Verify instrument accu	aracy;	
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.			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
	were performed on the instru	ment indicated above, in accordance wees, and the instrument is functioning p	
CREAT STATE OF THE	ME ON NORTH CAROLINA	Signature of Certifying Official	Certificate Number

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

#### GREENE COUNTY BAT MOBILE UNIT 5 390

Serial Number: 008698 Test Record Number: 581
Test Date: 10/30/2010 Test Time: 10:10pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

#### GREENE COUNTY BAT MOBILE UNIT 5 390

Serial Number: 008698 Test Date: 10/30/2010

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:00pm 10:01pm 10:01pm 10:02pm 10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:05pm
AIR BLK	.00	10:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

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

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

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

#### GREENE COUNTY BAT MOBILE UNIT 5 390

Serial Number: 008788 Test Record Number: 482 Test Date: 10/30/2010 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22pm 10:22pm

Preventive Maintenance Status: Pass

Analyst

GREENE COUNTY BAT MOBILE UNIT 5 390

Serial Number: 008788 Test Date: 10/30/2010

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:03pm 10:04pm 10:04pm 10:05pm 10:08pm 10:09pm
SUB TEST	.00	10:11pm
SUB TEST AIR BLK	.00	10:11pm 10:11pm
ATK DTV	.00	TO TTDIII

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

County /	Instrument Location BAT MOBILE CONTRACT
Instrument Seria	INO. 8600 KALESAM
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
CREATE OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

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

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 684
Test Date: 10/28/2010 Test Time: 10:04pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

#### Temperature Tests

#### Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

#### Printer Tests

Status

Time

10:05pm

Test

CAL

PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05pm

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/28/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:52pm 9:53pm 9:53pm 9:54pm <b>9:55pm</b> 9:56pm
SUB TEST	.00	9:58pm
AIR BLK	.00	9:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	WARE	Instrument Location	BAT MOSILE COUT
Instrument	Serial No. <u> </u>		Rolesbar
The prevent		ne Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		lcoholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	2;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy		
6.	When "PLEASE BLOW"	appears, collect breath sample	,
7.	When "PLEASE BLOW"	appears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed befo changed every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures	at on the Zaday of day of were performed on the instrument of Health and Human Services, a	t indicated above, in accordance	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
TO SECTION OF SECTION	CAROLINA	16 Mose	636

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

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 567
Test Date: 10/28/2010 Test Time: 10:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23ρπ

#### Printer Tests

Test

PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time

Status Time

COMP	Pass	10:23pm
CAL	Pass	10:23pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 10/28/2010

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

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

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

Analyst's Name: 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	9:54pm 9:55pm
ACCY CHK AIR BLK	.08	9:55pm
SUB TEST	.00 .00	9:56pm <b>9:57pm</b>
AIR BLK SUB TEST	.00 .00	9:58pm
AIR BLK	.00	10:00pm 10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Wake Instrument Location BAT MO Size Livit 5
Instrument S	Serial No. 00878E RALCIEN
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 sequençe;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
STA CHEAT STA	CARO

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

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 470 Test Date: 10/28/2010 Test Time: 10:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:13pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

#### Printer Tests

Status

Test

PRNT	Pass	10:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:15pm 10:15pm

Time

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904903

Exp Date: 02/18/2011

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

DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:03pm

Repeated AC: .00 a/2101

Stept 6. 111 ota

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WARE	Instrument Location_	BAI MOBILE CO.T.
Instrument S	Serial No. <u>008698</u>		WENDER
The prevent four months		toximeters, 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 a	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		N. Carlotte and the control of the c
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample	e;
7.	When "PLEASE BLOW" appe	ears, collect breath sample	e;
8.	Print test record;	Marine .	
9.	Verify Diagnostic Program; and	t .	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ster is being changed bef nged every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
I certify tha procedures Department	at on the 29 day of 00 were performed on the instrument indicated to f Health and Human Services, and the services of the services and the services are services.	icated above, in accordance instrument is function	the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
NO SESTIMATE CAREATS SESTIMATE	Carolin	56.77	

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

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 578
Test Date: 10/29/2010 Test Time: 10:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FCl	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

#### Blank Tests

Test	Status	Time
ATR	Pass	10:21pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:21pm

10:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 10/29/2010

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

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

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

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

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

Test	g/210L	Time
DIAG	Pass	10:11pm
AIR BLK	.00	10:12pm
ACCY CHK	.08	10:13pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

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

County	WAKE . Instrument Location _ E	BATMUB, LELWITTS
Instrument S	nt Serial No	) bos a full
The preventi	entive 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.	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
procedures	that on the	ith current regulations of the N.C.
NAME OF STATE OF STAT	CARO	£ 636

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

Signature of Certifying Official

Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 478
Test Date: 10/29/2010 Test Time: 10:21pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22pm 10:22pm

Preventive Maintenance Status: Pass

Analyst

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/29/2010

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:13pm 10:14pm 10:14pm 10:15pm 10:16pm 10:17pm 10:18pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

is form is used when performing Prayer

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

County	NHE	Instrument Location WAYS FORS	
Instrun	ent Serial No. (	008790 YOLOUEN ST. WA	EFOUST, N
The profour m	ventive mainten	nance procedures for the Intoximeters, Model Intox EC/IR II to be follow	red at least once every
	. Verii 34 de	fy the ethanol gas canister displays pressure, or the alcoholic breath simulagrees, plus or minus .2 degree centigrade;	lator thermometer shows
	. Veri	fy instrument displays time and date;	
	. Initia	ate breath test sequence;	
	. Ente	r information as prompted;	
	. Veri	fy instrument accuracy;	
	. Whe	on "PLEASE BLOW" appears, collect breath sample;	
	. Whe	en "PLEASE BLOW" appears, collect breath sample;	
	3. Prin	t test record;	
	). Ver	ify Diagnostic Program; and	
1	sim	ify that the ethanol gas canister is being changed before expiration date, or ulator solution is being changed every four months or after 125 Alcoholic chever occurs first.	or the alcoholic breath c Breath Simulator tests,
nroce	y that on the		preventive maintenance plations of the N.C.
THE GREAT SE	THE STATE OF NO DITHE CAROLINATION OF THE STATE OF THE ST	LI QUE	<u>652</u>
		Signature of Certifying Official	Certificate Number

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/28/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG916701

Exp Date: 06/16/2011

Test 9/210L Time	Test	q/210L	Time
------------------	------	--------	------

DIAG	Pass	12:40pm
AIR BLK	.00	12:41pm
ACCY CHK	.07	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 411 Test Date: 10/28/2010 Test Time: 12:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	

Test	Status	'l'ıme
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance Status: Pass

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

County	WALE	Instrument Location	<u> </u>	
Instrument	Serial No. <u> </u>	330 S. SAUS	ROPY CT.	fALEIGH,
The prever	ntive maintenance procedures for t	he Intoximeters, Model Intox EC	/IR II to be followed a	at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alco 2 degree centigrade;	oholic breath simulator	thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	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 Progran	n; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or a	expiration date, or the fter 125 Alcoholic Bro	e alcoholic breath eath Simulator tests,
procedure	nat on theday of s were performed on the instrumen nt of Health and Human Services,	nt indicated above, in accordance	e with current regulation	ventive maintenance ons of the N.C.
S S S S S S S S S S S S S S S S S S S	TATE OF NORTH CAROLINA VISION	Signature of Certifying Official		tificate Number

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

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 10/29/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:34am
ACCY CHK	.08	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:39am
ATR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 2121 Test Date: 10/29/2010 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

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

#### 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	Pass Pass	11:42am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Serial No. 2008 200 200 200 200 200 200 200 200 20	County_	Instrument Location CCRI
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.	Instrument	rial No. 008826 330 S. SALISRAY ST. PALSKEL, W.C
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	1.	
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  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 tests, whichever occurs first.  1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	5.	Verify instrument accuracy;
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the day of , 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
THE STATE OF MODEL	procedures	rere performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official  Certificate Number	CONTRACTOR OF STATE O	NA CANECO 650

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

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 10/29/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

Lot Number: 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	11:27am 11:28am 11:29am 11:30am <b>11:31am</b> 11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

#### WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 3629
Test Date: 10/29/2010 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:38am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County (	Instrument Location WALLO CO. SAIL
Instrument Seri	al No. <u>008793</u> Huy 58 Warrenza, W.C.
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 of procedures we Department of	n the
SECURIO SECURI	CAROUNG TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 10/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test

DIAG Pass 11:41am AIR BLK .00 11:41am ACCY CHK .08 11:42am AIR BLK .00 11:43am

g/210L

Time

 SUB TEST .00
 11:43am

 AIR BLK .00
 11:43am

 AIR BLK .00
 11:44am

 SUB TEST .00
 11:46am

AIR BLK .00 11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 386
Test Date: 10/27/2010 Test Time: 11:48am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:49am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:49am

#### CRC Tests

Test Stati	us Time
COMP Pass	11:49am 11:49am

Preventive Maintenance Status: Pass

Analyst

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

County_	()Aller In	strument Location_	No.	<u> Alima</u>	\$ 1).
Instrume	ent Serial No. <u>SSS</u>	MAN !	And the second	NOUN	A , N.C.
The prev	ventive maintenance procedures for the Intoxin	neters, Model Intox	EC/IR I	I to be followed:	at least once every
1,	Verify the ethanol gas canister displaced of the degrees, plus or minus .2 degree of the degree of t		alcoholi	breath simulato	r thermometer shows
2.	. Verify instrument displays time and	late;			
3.	. Initiate breath test sequence;				
4.	. Enter information as prompted;				
5.	. Verify instrument accuracy;				
6.	. When "PLEASE BLOW" appears, or	ollect breath sampl	le;		
7.	. When "PLEASE BLOW" appears, or	ollect breath samp!	le;		
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.				
procedu	that on the day of	l above, in accorda	nce with	current regulation	ventive maintenance ons of the N.C.
GREAT SE	STATE ON NOTIFICATION OF THE CHAPTER	of Certifying Offic	cial	( 	tificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/27/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:14am 11:15am 11:16am 11:17am
AIR BLK	.00	11:17am
SUB TEST	.00	11:20am
AIR BLK	.00	11:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 184
Test Date: 10/27/2010 Test Time: 11:22am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:23am 11:23am 11:23am 11:23am
بيلد فيبيل	1 435	LL. ZJan

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	YANCE	Instrument Location VANG	CO. SHELITIS DEDT
Instrumen	nt Serial No. <u>008937</u>	156 CHURCH S.	HENCELSON, MC
The preve		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	canister displays pressure, or the alcoholic but us .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as pr	ompted;	
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	W" appears, collect breath sample;	
7.	When "PLEASE BLOV	W" appears, collect breath sample;	
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 before expirateing changed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedur	es were performed on the instru	ment indicated above, in accordance with cues, and the instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
MA GREAT SCA	STATE OF NORTH CARD	ed Out	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 10/27/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Toot

lesc	9/2101	1 11110
DIAG AIR BLK	Pass	10:29am 10:30am
ACCY CHK	.08	10:30am 10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

a/2101. Time

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

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 839 Test Date: 10/27/2010 Test Time: 10:36am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36am
FLO	Pass	10:36am
FC	Pass	10:36am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
BT	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37am 10:37am

Preventive Maintenance Status: Pass

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

County	VANCE	Instrument Location \	U G SHELITS [
Instrument	t Serial No. <u>OOSETC</u>	2 129 CHACK &	-1000 P-0
The prever		for the Intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic tinus .2 degree centigrade;	preath simulator thermometer shows
2.	Verify instrument disp	plays time and date;	
3.	Initiate breath test seq	uence;	
4.	Enter information as p	prompted;	
5.	Verify instrument acc	uracy;	
6.	When "PLEASE BLC	OW" appears, collect breath sample;	
7.	When "PLEASE BLC	OW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pro	ogram; and	
10.	Verify that the ethano simulator solution is b whichever occurs first	ol gas canister is being changed before expirate being changed every four months or after 12.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
procedure	es were performed on the instru	the the following property of the transfer of	ne forgoing preventive maintenance current regulations of the N.C. orly.
SE S	TATE OF NORTH CARD	Signature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 10/27/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J
Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:32am 10:33am 10:33am 10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 240
Test Date: 10/27/2010 Test Time: 10:39am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:40am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:40am

#### Printer Tests

Test

PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40am 10:40am

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

County	ilford	Instrument Location High Po	PINT JAIL
Instrument Seria	1No. 008655		
The preventive r four months are:	•	toximeters, Model Intox EC/IR II to be for	sllowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath s ree centigrade;	imulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration da ged every four months or after 125 Alcoh	
	performed on the instrument indi-	the forgo cated above, in accordance with current re instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
ASSE QUAM VIDENT	Signa	scent Low ture of Certifying Official	Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 10/14/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:37am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 1407
Test Date: 10/14/2010 Test Time: 10:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:44am
FLO	Pass	10:44am
FC	Pass	10:44am

#### Temperature Tests

4am 4am
4am
4am 4am

#### 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

Preventive Maintenance Status: Pass

Analyst

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

County	i, Hord	Instrument Location + 16 4	•
Instrument Seri	al No. <u>008718</u>		
The preventive four months are	maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	·
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	unister is being changed before expiration nanged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that on procedures were Department of I	e performed on the instrument in	ndicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
TO THE STATE OF A STAT	SORIH CAROUM	Lin Dear	642
	Sig	gnature of Certifying Official	Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Date: 10/14/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:42am 10:42am 10:43am
SUB TEST	.00	10:44am 10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Record Number: 481 Test Date: 10/14/2010 Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:49am
FLO	Pass	10:49am
FC	Pass	10:49am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:49am
SRC	Pass	10:49am
DET	Pass	10:49am
BAR	Pass	10:49am
BT	Pass	10:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50am

#### Printer Tests

Test

COMP

CAL

Pass	10:50am
.C Tests	
Status	Time
	C Tests

Pass

Pass

Status

Time

10:50am

10:50am

Preventive Maintenance Status: Pass

Analyst

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

County /	andolph Instrument Location ARChdale Police
Instrument Seria	INO. 00879/ Department
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the Oday of October, 20 10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF A	Signature of Certifying Official Certificate Number

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 10/20/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

m - - +

Test	g/210L	Time
DIAG AIR BLK	Pass	1:11pm 1:12pm
ACCY CHK	.08	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm

~ / 27 AT

mi mo

Reported AC: .00 \$\frac{1}{2}10L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 433 Test Date: 10/20/2010 Test Time: 1:24pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County C	Instrument Location Greensboro Police  No. 008725  Department
Instrument Seria	INO. 008725 Department
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of octobe 2, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Let 2

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/14/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:52pm 2:53pm
ACCY CHK	.00	2:53pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 1580 Test Date: 10/14/2010 Test Time: 2:59pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	mq00:E

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:01pm CAL Pass 3:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	LIERS, MO	DEL INTOX EC/IR	<b>( 11</b>
County ()	reland	Instrum	ent Location <u>Clevelo</u>	nd County S.D.
Instrument Seria	I No. 00892	1 100	Justice Pl.	Shelby
			<u> - 484 - 4888                          </u>	
The preventive r	<del>-</del>	the Intoximeters,	Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus			simulator thermometer shows
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ice;		
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 Progra	m; and		
10.			changed before expiration do our months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
		ent indicated abov	e, in accordance with current	oing preventive maintenance regulations of the N.C.
CALL STATE OF WAY TO THE W	ORIH CAROLINA	By Signature of Cer	tifying Official	Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008927
Test Date: 10/27/2010

Citation Number: M0000000-0 and the second s

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:02am 10:03am 10:03am 10:04am
SUB TEST	.00	10:04am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willie Analyst

#### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008927 Test Record Number: 356 Test Date: 10/27/2010 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:09am
FLO	Pass	10:09am
FC	Pass	10:09am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:09am
SRC	Pass	10:09am
DET	Pass	10:09am
BAR	Pass	10:09am
BT	Pass	10:09am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:10am

#### Printer Tests

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

Pass

10:10am

Preventive Maintenance Status: Pass

Dolly D. Willie Analyst

CAL

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

<i>/</i> *	INTOXIMETERS, N	MODEL INTOX EC/IR	. 11
County CO	ATAMA Inst	trument Location Hickor	<u>y P.D.</u>
Instrument Seri	rial No. <u>008841</u> <u>30</u>	17 2nd Ave. 514	Hickory
The preventive four months are	e maintenance procedures for the Intoxime	ters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		simulator thermometer shows
2.	Verify instrument displays time and da	ite;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is a simulator solution is being changed ev whichever occurs first.		
	n the 13 day of Octobere performed on the instrument indicated at Health and Human Services, and the instru		oing preventive maintenance regulations of the N.C.
OF STATE OF THE ST	TO CO	Certifying Official	557 Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 10/13/2010

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: 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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:50pm 12:51pm 12:51pm
AIR BLK SUB TEST	.00 .00	12:52pm <b>12:55pm</b>
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
ATR RIK	0.0	12.58pm

Reported AC: .00 g/210L

Signature of Chemical Analys

Court CVR

Bolley D. Wellis

#### CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 750 Test Date: 10/13/2010 Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:02pm
FLO	Pass	1:02pm
FC	Pass	1:02pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:03pm
CAL	Pass	1:03pm

Preventive Maintenance Status: Pass

Olly D. Wellis

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County Ca	Instrument Location Catawha County 5. D
Instrument Seria	11 No. 008821 100 B Southwest Blud., Newton 828-464-5241
The preventive n	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the <u>13</u> day of <u>0.1+0.0er</u> , 20.10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART OF THE STATE OF THE STAT	Bylly (1) (2) 55  Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 10/13/2010

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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	l'ime
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:50am 10:51am 10:52am 10:52am
AIR BLK SUB TEST	.00	10:52am
AIR BLK	.00	10:54am
SUB TEST	. <b>00</b>	10:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821

Test Record Number: 584

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:57am 10:57am 10:57am 10:57am 10:57am
	1 400	10.07 am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58am

#### Printer Tests

Test

PRNT	Pass	10:58am
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 10:58am CAL Pass 10:58am

Preventive Maintenance Status: Pass

Bolly D. Willie Analyst

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

County 0	tawba	Instrument Location Colony	a County S.D.
Instrument Seria	al No. <u>008687</u>	100 B Southwest Blv 828-464-5241	d. NeuHon
The preventive four months are	· · · · · · · · · · · · · · · · · · ·	ne Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath s 2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	2,	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration date changed every four months or after 125 Alcoh	
	e performed on the instrument	the forgo to the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF STA	CAROUN	2 K.C.L	growing gracinal controlling
	- The state of the	Signature of Certifying Official	Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 10/13/2010

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: 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: AG003401 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:20am 10:20am 10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

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#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 1037 Test Date: 10/13/2010 Test Time: 10:27am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:27am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:27am
SRC	Pass	10:27am
DET	Pass	10:27am
BAR	Pass	10:27am
BT	Pass	10:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:28am 10:28am

Preventive Maintenance Status: Pass

J UUU Janalyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	vedell Instrument Location Mooves Ville P.D.
Instrument Seria	al No. <u>008694</u> <u>750 W. I redell Ave. Mooresville</u> 704-664-3311
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 STA	BRUY L W 557  Signature of Certifying Official Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008694 Test Date: 10/06/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:43pm 12:43pm 12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008694 Test Record Number: 121 Test Date: 10/06/2010 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:51pm 12:51pm

Preventive Maintenance Status: Pass

Manalyst Wille

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

	INTOXIMETE	RS, MODEL INTOX EC/II	
County	uthertord	Instrument Location Forest	City P.D.
Instrument Ser	ial No. <u>009889</u>	1875. Church 5	H. Forest City
The preventive four months ar		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 degrees.	r displays pressure, or the alcoholic breath egree centigrade;	simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration d anged every four months or after 125 Alco	
	re performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
TARE OF THE COREAL STATE OF THE CORE AND THE	CAROLLI	Ru O. Willis	557
	Sig	nature/of Certifying Official	Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 10/05/2010

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: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:27am 11:27am 11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Boly D. Willis

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 323 Test Date: 10/05/2010 Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:34am
SRC	Pass	11:34am
DET	Pass	11:34am
BAR	Pass	11:34am
BT	Pass	11:34am

#### Blank Tests

Test:	Status	Time
AIR	Pass	11:35am

#### Printer Tests

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

COMP Pass 11:35am CAL Pass 11:35am

Preventive Maintenance Status: Pass

Bolley D. Willes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rutherford	Instrument Location Ru	therford County S. I
Instrument	Serial No. <u>008914</u>	400 N. Washing 828-627-62	ton St., Rutherford to
The prevent		Intoximeters, Model Intox EC/IF	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		lic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before ex anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	at on the day of were performed on the instrument in t of Health and Human Services, and	idicated above, in accordance wit	
STA TO THE STATE OF THE COMPANY OF T	CAROLLI S		
* ISSE QUAN		lus D. Will	2 <u>55</u> 7
	Šig	nature of Certifying Official	Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 10/05/2010

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: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:10am 10:11am 10:11am 10:12am
SUB TEST	.00	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Court CAR

Analyst

This form is used when performing Preventive Maintenance procedures

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 580 Test Date: 10/05/2010 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:21am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:22am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Bolly D. Wille

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

County_	Yalk: N Instrument Location Yarkin Co Jai
Instrume	nt Serial No. OO 8944
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
THE GREAT SE	Signature of Certifying Official  Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 10/25/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:32pm 1:32pm 1:33pm 1:34pm 1:34pm 1:35pm
AIR BLK SUB TEST	.00	1:37pm
ATR BIK	00	1:38pm

.00 g/210L Reported AC:

of Chemical Analyst

Court CVR

### YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 554

System Check: Passed

#### Baseline Tests

#### 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	1:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst

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

County_	andkin Instrument Location Kadkinu	1/E P.D.
Instrument S	erial No. <u>008925</u>	
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration day simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath solic Breath Simulator tests,
	at on the	oing preventive maintenance regulations of the N.C.
S F S S S S S S S S S S S S S S S S S S	Signature of Certifying Official	Certificate Number

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

DHHS 4080 (11/07)

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 10/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:43pm 12:44pm 12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:48pm
ATR BLK	. 00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

**Analyst** 

Rev. 12/2007

#### YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 191 Test Date: 10/25/2010 Test Time: 12:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:50pm
FLO	Pass	12:50pm
FC	Pass	12:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

Preventive Maintenance Status: Pass

Analyst

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

County	Willes	Instrument Location Wille	-s County
Instrumen	nt Serial No. <u>008843</u>	Count How	736
The preve	<del>-</del>	he Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 3	ster displays pressure, or the alcoholic br 2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	a·,	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expirati changed every four months or after 125	
procedure		t indicated above, in accordance with curand the instrument is functioning properly	
THE GREAT SET OF THE S	STATE OF NORTH CAROLINA VIDENT	Signature of Certifying Official	Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 10/22/2010

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: AG002703 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:43pm 1:43pm 1:44pm 1:45pm 1:45pm 1:46pm
SUB TEST AIR BLK		1:48pm 1:49pm

Reported AC: \_\_00\_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 722 Test Date: 10/22/2010 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
$\mathtt{BT}$	Pass	1:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:50pm 1:50pm

Preventive Maintenance Status: Pass

Analyst

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

County	Alleshave Instrument Location Alleshave Co Jan /
Instrumen	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	nat on the
CREAT SECTION OF SECTI	Signature of Certifying Official  Certificate Number

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 10/19/2010

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: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	4:48pm 4:48pm 4:49pm 4:50pm <b>4:50pm</b>
AIR BLK	.00	4:50pm
SUB TEST	- " "	4:53pm
AIR BLK	. 00	4:54pm

Reported AC: \_.00 g/2/10L

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

#### The Analysis Intox EC/IR-II: Preventive Maintenance (1985)

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 227 Test Time: 4:54pm EDT Test Date: 10/19/2010

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:55pm 4:55pm
FC	Pass	4:55pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:55pm
SRC	Pass	4:55pm
DET	Pass	4:55pm
BAR	Pass	4:55pm
BT	Pass	4:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:56pm 4:56pm

Preventive Maintenance Status: Pass

Analyst

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

County As	ske	Instrument Location	1 1 2	Sp. /
Instrument Serial	No. <u>008849</u>	140 GOVERN TEFFEUSEN	NC 286	40
The preventive n four months are:	naintenance procedures for the In	toximeters, Model Intox E	C/IR II to be followed	at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		oholic breath simulate	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostić Program; and	i		
10.	Verify that the ethanol gas canissimulator solution is being chan whichever occurs first.			
procedures were	the <u>19</u> day of <u>Oc</u> performed on the instrument ind lealth and Human Services, and t	icated above, in accordance	e with current regulation	ventive maintenance ons of the N.C.
THE STATE OF A CONTROL OF A CON	O Sign	nature of Certifying Official	l Cei	100 Zrtificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 10/19/2010

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: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:40pm 3:41pm 3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 439
Test Date: 10/19/2010 Test Time: 3:48pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:48pm
SRC	Pass	3:48pm
DET	Pass	3:48pm
BAR	Pass	3:48pm
BT	Pass	3:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:49pm 3:49pm

Preventive Maintenance Status: Pass

Analyst

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

County	Rockingham	Instrument Location Rocking	ugham Co JA./
Instrumen	t Serial No. <u>008796</u>	Reinsulle,	<u>U.C.</u>
The preve	entive maintenance procedures for the hs 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	or displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expirate anged every four months or after 125	
procedure	hat on the <u>/8</u> day of <u>//</u> es were performed on the instrument in ent of Health and Human Services, and	ndicated above, in accordance with cu	irrent regulations of the N.C.
THE GREAT SC.	TATE OF NORTH CARD	gnature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 10/18/2010

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:51am
AIR BLK	.00	11:51am
ACCY CHK	.08	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

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

Signature of Chemical Analyst

Court CVR

Jan Analyst

#### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 656
Test Date: 10/18/2010 Test Time: 11:58am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:59am

#### Printer Tests

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

11:59am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	à		Denson	1	jer ji
County S	45014	Instrument Location_	V 2/2-34 "	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Instrument Seria	1 No	120 COURT		243040.	Lad Car
The preventive refour months are:	naintenance procedures for the In	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		llcoholic breath	simulator therm	ometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;	,			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	2;		
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.	ster is being changed before every four months o	ore expiration d r after 125 Alco	ate, or the alcoh holic Breath Sin	olic breath mulator tests,
procedures were	the day of day o	icated above, in accordar	nce with current	oing preventive regulations of t	maintenance he N.C.
THE CREAT OF THE C	Sign	ature of Certifying Offic	ial	653 Certificate	· Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 10/26/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 304
Test Date: 10/26/2010 Test Time: 1:11pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

#### Temperature Tests

Status	Time
Pass	1:11pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ΔΤΩ	Dage	1 • 1 2 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:12pm
CAL	Pass	1:12pm

Preventive Maintenance Status: Pass

Analyst

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

County	) E45	Instrument Location PEASON CO. LZZ
Instrument	Serial N	No. 008693 120 CONFT ST PONSOPO, NC.
The preven		nintenance 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.	Y	Verify instrument displays time and date;
3.	I	Initiate breath test sequence;
4.	Ī	Enter information as prompted;
5.	•	Verify instrument accuracy;
6.	•	When "PLEASE BLOW" appears, collect breath sample;
7.	1	When "PLEASE BLOW" appears, collect breath sample;
8.	1	Print test record;
9.	•	Verify Diagnostic Program; and
10.	<b>S</b>	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	were p	e day of of of other indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
SIZE WAS THE COREAT OF THE CONTROL O		Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 10/26/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:01pm 1:02pm 1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
AIR BLK	.00	1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 614
Test Date: 10/26/2010 Test Time: 1:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
$\mathtt{BT}$	Pass	1:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:10pm 1:10pm

Preventive Maintenance Status: Pass

Analyst

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

County	NASH	Instrument Location_	NSH	Co. JAK
Instrumen	t Serial No. <u>〇〇863〇</u>	NASH	MI S IN	2.
The preve	ntive maintenance procedures for the	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	ter displays pressure, or the a degree centigrade;	lcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays to	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample	à,	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	<u>.</u> ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	eanister is being changed before changed every four months of	ore expiration date, r after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
procedure	hat on the day of es were performed on the instrument ent of Health and Human Services, ar	indicated above, in accordan	ice with current reg	g preventive maintenance gulations of the N.C.
THE GREAT SE	The state of the s	Signature of Certifying Office	ial	Certificate Number

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 10/15/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, AINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L Test Time DIAG Pass 11:05am AIR BLK .00 11:06am ACCY CHK .08 11:07am .00 AIR BLK 11:07am SUB TEST .00 11:08am AIR BLK .00 11:09am SUB TEST .00 11:10am AIR BLK .00 11:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy:

#### NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 1818
Test Date: 10/15/2010 Test Time: 11:13am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am
BAR	Pass	11:13a

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

Test

Status Time

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

Preventive Maintenance Status: Pass

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

County 11A	The Instrument Location TRANKLINTON P.D.
Instrument Seri	rial No. OO8815 #7 W. MASON ST. FRANKLINION, NO
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	n the
OTH STATE OF THE S	Signature of Certifying Official  Certificate Number

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58am 11:59am
ACCY CHK AIR BLK	.08 .00	12:00pm 12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Reco

Test Record Number: 429
Test Time: 12:06pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	MANFUN	Instrument Location Frank	LIN CO. JAN
Instrument So	erial No. <u>008933</u>	285-T KEMP RD	LOUISBURG, NC
The prevention four months		e Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breadegree centigrade;	th simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	,	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiratio changed every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
procedures	were performed on the instrument	t indicated above, in accordance with current the instrument is functioning properly	ent regulations of the N.C.
SE CHAY	TOTA NORTH	DIQUE	652
	<u></u>	Signature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 10/25/2010

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

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

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

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

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

Lot Number: AG904903 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 .00	10:59am 11:00am 11:00am 11:01am 11:02am 11:03am 11:04am 11:05am

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

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 388
Test Date: 10/25/2010 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:06am
FLO	Pass	11:06am
FC	Pass	11:07am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08am 11:08am

Preventive Maintenance Status: Pass

Analyst

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

County	TRANKUN	Instrument	Location The	HUN CO. JAIL	******
Instrument S	Serial No. OOS942	385.1	KEND RD	LOUIS BURG, HY	ole Manager
The prevent four months	tive maintenance procedures for the sare:	Intoximeters, M	lodel Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays press degree centigrad	ure, or the alcoholic e;	breath simulator thermometer sho	ws
2.	Verify instrument displays ti	me and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect be	eath sample;		
7.	When "PLEASE BLOW" appears, 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 on manged every for	hanged before expir ur months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator test	s,
procedures	at on the day of were performed on the instrument it t of Health and Human Services, an	ndicated above,	in accordance with	current regulations of the N.C.	ce
SET OF SE		ignature of Cert	Tying Official	Certificate Number	

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 10/25/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:53am 10:54am 10:54am 10:55am 10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
ATR BLK	.00	10:59am

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

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 315 Test Date: 10/25/2010 Test Time: 11:01am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass 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	11:02am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	7ECKLENBURG	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	erial No. <u>008707</u>		CHARLOTTE, NC
The preventi		toximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample	e;
7.	When "PLEASE BLOW" appear	ars, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
	on the <u>21</u> day of <u>OC</u> were performed on the instrument indic of Health and Human Services, and the	cated above, in accordan	the forgoing preventive maintenance with current regulations of the N.C. ing properly.
STATION OF	CAROLINA MAROLI		
FEST QUAM V		my Baines	648
	Signa	ture of Certifying Offici	al Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008707 Test Date: 10/21/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00 .00	11:32pm 11:33pm 11:34pm 11:35pm 11:35pm 11:37pm
AIR BLK	.00	11:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clum Ray Barnes

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 690 Test Date: 10/21/2010 Test Time: 11:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:39pm
FLO	Pass	11:39pm
FC	Pass	11:39pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:39pm
SRC	Pass	11:39pm
DET	Pass	11:39pm
BAR	Pass	11:39pm
BT	Pass	11:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:40pm 11:40pm

Preventive Maintenance Status: Pass

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

County M	ECKLENBURG	Instrument Location	BAT MOBILE UNIT 3
Instrument Se	rial No. <u>008647</u>		CHARLOTTE, NC
The preventive four months as	e maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the gree centigrade;	alcoholic 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" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canissimulator solution is being chan whichever occurs first.	ster is being changed before ged every four months o	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
	theday ofoc re performed on the instrument indi Health and Human Services, and the	icated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
STATE OF THE STATE	alem 7	ay Baines	2 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/21/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:33pm
AIR BLK	.00	11:34pm
ACCY CHK	.08	11:35pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

# MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: y31 Test Date: 10/21/2010 Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40pm
FLO	Pass	11:40pm
FC	Pass	11:40pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass	11:40pm
DET	Pass Pass	11:40pm 11:40pm
BAR	Pass	11:40pm
BT	Pass	11:40pm

#### Blank Tests

Test	Status	Time	

AIR Pass 11:41pm

#### Printer Tests

Test	Status	Time

PRNT Pass 11:41pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:41pm
CAL	Pass	11:41pm

Preventive Maintenance Status: Pass

Analyst

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

County_	MECKLENBURG	Instrument Location_	BAT MOBILE	E UNIT 3
Instrume	nt Serial No. <u>008736</u>		CHARLOTTE	,νc_
The preve	entive maintenance procedures for the I	Intoximeters, Model Intox	EC/IR II to be followed at le	east once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator th	ermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	;	
7.	When "PLEASE BLOW" app	ears, collect breath sample	·	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed befonged every four months or	re expiration date, or the alc after 125 Alcoholic Breath	coholic breath Simulator tests,
I certify the procedure Departme	that on the <u>Al</u> day of <u>OC</u> es were performed on the instrument indent of Health and Human Services, and t	icated above, in accordant	the forgoing preventice with current regulations on properly.	ve maintenance f the N.C.
A SELECTION OF SEL		7		
L'SE CI	- allen K	ay Banes		48
	21810	anne or centium CHIIC12	i reflitica	IP NIIMBE

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008736 Test Date: 10/21/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:31pm 11:32pm 11:33pm 11:34pm 11:34pm 11:37pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008736 Test Record Number: 210 Test Date: 10/21/2010 Test Time: 11:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:39pm 11:39pm
FC	Pass	11:39pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:39pm 11:39pm 11:39pm 11:39pm
	rass	11:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	11:40pm
CAL	Pass	11:40pm

Preventive Maintenance Status: Pass

alven Ray Barres

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

County	IRED	ELL	Instrument Location_	BATMOBILE	WNIT 3
Instrumen	nt Serial No.	008707		BAT MOBILE STATESVIL	LE, NC
The preve	ntive mainte	nance procedures for A			
four mont	hs are:	nance procedures for t	he Intoximeters, Model Intox	EC/IR II to be followed:	at least once every
1.	Veri 34 de	fy the ethanol gas cani egrees, plus or minus.	ster displays pressure, or the a 2 degree centigrade;	alcoholic breath simulator	r thermometer show
2.	Veri	ry instrument displays	time and date;		
3.	Initia	te breath test sequence	<b>;</b> ;		
4.	Enter	information as promp	eted;	<i>4</i>	
5.	Verif	y instrument accuracy	,		
6.	When	"PLEASE BLOW" a	appears, collect breath sample		
7.	Wher	"PLEASE BLOW" a	appears, collect breath sample	;	
8.	Print	test record;			
9.	Verif	/ Diagnostic Program;	and		
10.	simul	that the ethanol gas cator solution is being cator occurs first.	anister is being changed befor hanged every four months or	re expiration date, or the after 125 Alcoholic Brea	alcoholic breath ath Simulator tests,
or occurres.	were berroun	icu on me mstrument	OCTOBER, 20_ indicated above, in accordance d the instrument is functionin	e with current regulation	entive maintenance is of the N.C.
STAN STAN STAN STAN STAN STAN STAN STAN	HOO NOUM CAROUM				
FEE QUAM	Ville.	_ alum ?	Ray Barres gnature of Certifying Official	14	.48
		Si	gnature of Certifying Official	Certifi	icate Number

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Date: 10/23/2010

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: 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	8:53pm 8:54pm 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

alim Ray Bane Analysi

## IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707

Test Record Number: 696

Test Date: 10/23/2010

Test Time: 8:59pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:00pm 9:00pm 9:00pm 9:00pm 9:00pm

#### Blank Tests

AIR Pass 9:01pm

#### Printer Tests

Test	Status	Time
------	--------	------

PRNT Pass 9:01pm

#### CRC Tests

Test Status Time

COMP Pass 9:01pm CAL Pass 9:01pm

Preventive Maintenance Status: Pass

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

County	TRED	ELL	In	strument Location	BATI	MOBILE	UNIT 3
Instrument S	Serial No. <u>C</u>	08647			STAT	ESVILLE	- NC
The preventi		ce procedures fo	r the Intoxim	eters, Model Intox	EC/IR II to be	followed at lea	st once every
1.		ne ethanol gas ca es, plus or minu		ys pressure, or the entigrade;	alcoholic breat	h simulator ther	mometer shows
2.	Verify i	nstrument displa	ys time and d	late;			
3.	Initiate l	oreath test seque	nce;				
4.	Enter in:	formation as pro	mpted;				
5.	Verify i	nstrument accura	ісу;				
6.	When "I	LEASE BLOW	" appears, co	ollect breath samp	le;		
7.	When "I	LEASE BLOW	" appears, co	ollect breath samp	le;		
8.	Print tes	t record;					
9.	Verify D	iagnostic Progra	ım; and				
10.	simulato			being changed bei very four months o			
	vere performed	on the instrume	ent indicated	3EIZ , 20 above, in accordar rument is function	nce with curren	going preventiv it regulations of	e maintenance the N.C.
STATION STATION OF THE CONTROL OF TH	CAROUM		_				
A FEET QUAM V	TOTAL STATE OF THE	alı	- Rai	Bain	es		48
			Signature of	f Certifying Offic	ial	Certificat	e Number

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

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 10/23/2010

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: 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	8:55pm
AIR BLK	.00	8:56pm
ACCY CHK	.08	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alum Ray Barnes
Analyst

#### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Record Number: 937
Test Date: 10/23/2010 Test Time: 9:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:02pm
FLO	Pass	9:02pm
FC	Pass	9:03pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:04pm 9:04pm

Preventive Maintenance Status: Pass

Colon Ray Banco Analyst

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

County	IREDELL	Instrument Location_	BATM	OBILE UNIT 3
Instrument Seri	al No. <u>008734</u>		STATE	SVILLE , DC
		·····		
The preventive four months are	maintenance procedures for the In	ntoximeters, Model Intox E	CC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the al- gree centigrade;	coholic breath s	imulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months or a	e expiration dat after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
procedures were	the <u>33</u> day of <u>OC</u> performed on the instrument indic lealth and Human Services, and th	cated above, in accordance	with current re	ng preventive maintenance egulations of the N.C.
THE STATE OF N	OP THE CAROLINA CONTROL OF THE		,	
OLAM VILLE	alu K	ay Baines		648
	Signat	ture of Certifying Official		Certificate Number

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

Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008736 Test Date: 10/23/2010

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: 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 SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:53pm 8:54pm 8:55pm 8:56pm 8:56pm 8:57pm
AIR BLK		8:59pm 8:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008736 Test Record Number: 218
Test Date: 10/23/2010 Test Time: 9:00pm EDT

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	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	mq00:0

#### Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:01pm
CAL	Pass	9:01pm

Preventive Maintenance Status: Pass

Mem Ray Banco

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

County	Instrument Location BAT	Mobile Unit 9
Instrument Seri	ial No. <u>C88734</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR e:	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures we	on the <u>ASCA</u> day of <u>Color</u> , 20 <u></u>	th current regulations of the N.C.
APRIL 12. 1775	No state Carolina Car	C 5 1 Certificate Number

## DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734

Test Record Number: 391

Test Date: 10/23/2010

Test Time: 9:10pm EDT

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
BT	Pass	9:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:12pm
CAL	Pass	9:12pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734 Test Date: 10/23/2010

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:03pm
AIR BLK	.00	9:04pm
ACCY CHK	.08	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:06pm
AIR BLK	.00	9:07pm
SUB TEST	.00	9:08pm
ATR 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 1	wham Instrument Location BAT Mobile Unit 4	
Instrument Seri	ial No	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	)WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
procedures we	n the <u>23 rd</u> day of <u>Color</u> , 20 <u>C</u> the forgoing preventive maintenanger 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.	ce
STATE OF STA	Signature of Certifying Official Certificate Number	

### DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008717 Test Record Number: 213 Test Date: 10/23/2010 Test Time: 10:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57pm
FLO	Pass	10:57pm
FC	Pass	10:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:57pm
SRC	Pass	10:57pm
DET	Pass	10:57pm
BAR	Pass	10:57pm
BT	Pass	10:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008717 Test Date: 10/23/2010

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:49pm 10:50pm
ACCY CHK AIR BLK	.08 .00	10:50pm 10:51pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County Len	Instrument Location Kinsby (D.
Instrument Seria	No. 008918 205 E. King St., Kinston, N.C.
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.
	the day of day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008918 Test Date: 10/06/2010

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:46pm 2:47pm 2:48pm 2:49pm <b>2:49pm</b>
AIR BLK	.00	2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

### LENOIR COUNTY KINSTON PD 530

Serial Number: 008918 Test Record Number: 197 Test Date: 10/06/2010 Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	2:54pm
FC	Pass Pass	2:54pm
* ~	rass	2:54pm

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:55pm 2:55pm

Preventive Maintenance Status: Pass

Analyst

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

County Ca	mden Instrument Location Campen (0.5.0.		
Instrument Ser	ial No. 008940 113 Hwy 343, Camden, N.C.		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures we	n the day of day of, 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.		
STATE ONE STATE OF THE STATE OF	TOOL A A CO 643		
	Signature of Certifying Official Certificate Number		

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 10/04/2010

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 State: XX Driver's License Number: NONE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 297
Test Date: 10/04/2010 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
TT In	(1 to 1 to 1 to 1	mi mo

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance Status: Pass

Analyst

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

County	Richmond Instrument Location Richmond Country
Instrumer	t Serial No. 008840 MAGISTRATES OFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the day of day of de R, 20 10 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	SIATE OF THE CARD TO THE STATE OF THE STATE

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 10/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011701 Exp Date: 04/27/2011

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:00pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
ATR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 516
Test Date: 10/04/2010 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

'l'est	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

2:10pm

2:10pm

COMP

CAL

Analyst

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

County	ANSON Instrument Location ANSON COUNTY
Instrumen	at Serial No. <u>008739</u> <u>Sheriff's Office</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the day of day of the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
CREAT S	STATE ON THE CONTROL OF THE CONTROL

ANSON COUNTY ANSON CO. SO. 030

Serial Number: 008739 Test Date: 10/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON CO. SO. 030

Serial Number: 008739 Test Record Number: 112 Test Date: 10/04/2010 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:47pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County/	ANSON Instrument Location + NSON COUNTY
Instrument S	Serial No. 008597 Sheriff's office
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	at on the day of OCTOBER, 2010 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.
A CREAT SET OF THE CREA	CAROLLAND

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

Signature of Certifying Official

Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 10/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011-

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:36pm 12:37pm 12:38pm 12:39pm 12:39pm 12:40pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 466 Test Date: 10/04/2010 Test Time: 12:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
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	12:45pm

#### 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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \( \)	Instrument Location Richmond Countries	1
Instrument Ser	rial No. 008701 MAGISTRATES OFFICE	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer states 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	th ests,
I certify that of procedures we Department of	on the day of day of 20 10 the forgoing preventive maintenere 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.	ance
THE STATE IN TO LEAVE THE CHECK TO THE STATE OF THE STATE	NO SCHOOL CONTROL OF THE PARTY	

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 10/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:01pm 2:02pm
ACCY CHK AIR BLK	.08	2:02pm 2:03pm
SUB TEST AIR BLK	<b>.00</b> .00	2:04pm 2:05pm
SUB TEST AIR BLK	.00 .00	2:06pm 2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Test Record Number: 822 Serial Number: 008701

Test Date: 10/04/2010 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	2:09pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

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

County	RANDOLPH Instrument Location BATMOBILE UNIT 3
Instrument Se	PANDOLPH Instrument Location BATMOBILE UNIT 3  Perial No. 008647 HIGH POINT, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 9 day of OCTOBER, 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.
STAN STAN TO THE S	

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 10/09/2010

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: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	9:51pm
AIR BLK	.00	9:52pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Banes
Analyst

#### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Record Number: 922 Test Date: 10/09/2010 Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:00pm
FLO	Pass	10:00pm
FC	Pass	10:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass	10:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:01pm 10:01pm

Preventive Maintenance Status: Pass

alun Ray Barnes
Analyst

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

County	RANDOLPH	Instrument Location	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008707</u>		BAT MOBILE UNIT 3 HIGH POINT, NC
The preven		imeters, Model Intox E	C/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 alc e centigrade;	coholic breath 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 canisted simulator solution is being change whichever occurs first.	is being changed before i every four months or a	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the	ted above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
ST.	ATE OF NORTH CARD	ay Baun re of Certifying Official	Certificate Number

#### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Date: 10/09/2010

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: AG011702 Exp Date: 04/27/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alven Ray Baines
Analyst

### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Date: 10/09/2010

Test Record Number: 682 Test Time: 9:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:55pm
FLO	Pass	9:55pm
FC	Pass	9:56pm

#### Temperature Tests

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

#### Blank Tests

Test Status Time. AIR Pass

9:56pm

Printer Tests

Test Status Time

PRNT Pass 9:56pm

CRC Tests

Test Status Time

COMP Pass 9:57pm CAL Pass 9:57pm

Preventive Maintenance Status: Pass

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

Instrument Serial No			INTOXIME		, MODEL IIVI		
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brestmulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	CountyR	ANI	OLPH	I	instrument Location_	BAT	MOBILE UNIT
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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	Instrument Seria	al No	008736			HIGH	POINT, NC
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the	The preventive four months are	:					
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> <li>I certify that on the</li></ol>	1.	Verif 34 de	fy the ethanol gas can egrees, plus or minus	ister disp .2 degree	lays pressure, or the a centigrade;	dcoholic brea	th simulator thermometer shows
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> <li>Print test record;</li> <li>Verify Diagnostic Program; and</li> <li>Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> <li>I certify that on the</li></ol>	2.	Verif	fy instrument display:	time and	d 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 whichever occurs first.  I certify that on the	3.	Initia	ate breath test sequen	e;			
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	4.	Ente	r information as pron	pted;			
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	5.	Verif	fy instrument accurac	у;			
<ul> <li>8. Print test record;</li> <li>9. Verify Diagnostic Program; and</li> <li>10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.</li> <li>I certify that on the</li></ul>	6.	Whe	n "PLEASE BLOW"	appears	, collect breath sample	e;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	7.	Whe	n "PLEASE BLOW"	appears	, collect breath sample	e;	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the	8.	Print	t test record;				
simulator solution is being changed every four months of after 123 Attonone Breath simulator whichever occurs first.  I certify that on the	9.		-				
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.	simu	alator solution is bein	s canister g change	r is being changed bef d every four months o	fore expiration or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
STATE OF NORTH CONTRACTOR OF THE STATE OF TH	1		rmed on the instrume	nt indica	ted above, in accorda	nce with curr	ent regulations of the N.C.
TOTAL COUNTY TOTAL STATE COUNTY	GREATS	ZON H CAROUN		,	<i>J</i> 2		648
Will lay 10 act	COAT IN	SSEE	_ lile	41	Kay 1Jan	cial .	Certificate Number

### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008736 Test Date: 10/09/2010

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: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:48pm 9:49pm 9:50pm 9:50pm <b>9:51pm</b>
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Barnes
Analyst

#### RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008736

Test Record Number: 200
Test Time: 9:55pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

#### Printer Tests

TCSC	Status	TIME
PRNT	Pass	9:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:56pm

Preventive Maintenance Status: Pass

aleum Ray Barres
Analyst

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

County A	AMANCE Instrument Location BURLING TON P.D.
Instrument Ser	rial No. 008812 267 W. Frank ST. BULLINGON, N.C.
The preventive four months as	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the
THE STATE OF THE S	AROUM CAROUND

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/08/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:28am 11:29am 11:30am 11:31am <b>11:31am</b>
AIR BLK	.00	11:32am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 693 Test Date: 10/08/2010 Test Time: 11:38am EDT

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	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	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	Pass	11:39am
CAL	Pass	11:39am

Preventive Maintenance Status: Pass

Analyst

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

County A	AMPUICE Instrument Location Buren	KNIM P.M
Instrument Ser	ial No. 008907 267 W. FRUKT ST.	BURLINGTON, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	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 oholic Breath Simulator tests,
procedures we	the day of the formed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
STATE OF OWN 20. 175 STATE OWN 20. 175 STATE OF OWN 20. 175 STATE	CAROLINA	Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/08/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:32am 11:33am 11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 340

Test Time: 11:41am EDT Test Date: 10/08/2010

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 S	tatus	Time
		11:42am 11:42am

Preventive Maintenance Status: Pass

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

County	ALAX	ANCE	Inst	rumen	t Location	ALA	4Anct	(0.	JAL
Instrument 5	Serial No.	008913	109	5.	MAPIE		SVA	HVATA	, N.C.
The prevent four months		enance procedures for	the Intoxime	eters, N	1odel Intox E	C/IR II	to be follo	wed at lea	st once every
1.		rify the ethanol gas car degrees, plus or minus				coholic	breath sim	ulator ther	mometer show
2.	Ver	rify instrument display	s time and da	ate;					
3.	Init	iate breath test sequen	ce;						
4.	Ent	er information as pron	npted;						
5.	Vei	rify instrument accurac	y;						
6.	Wh	nen "PLEASE BLOW"	appears, co	llect b	reath sample;				
7.	Wh	nen "PLEASE BLOW"	appears, co	llect b	reath sample;	;			
8.	Pri	nt test record;							
9.	Vei	rify Diagnostic Progra	m; and						
10.	sim	rify that the ethanol ganulator solution is bein ichever occurs first.	s canister is g changed ev	being overy fo	changed beforur months or	re expir after 12	ation date, 25 Alcoholi	or the alco c Breath S	oholic breath Simulator tests,
procedures	were perf	day of Octomed on the instrument and Human Services	nt indicated	above,	in accordance	e with	current regi	g preventi ulations o	ve maintenance f the N.C.
SES	ME or NO PLAN CAROLINA		Signature	of Cort	ifying Officia	a I		65c	te Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 10/08/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:55pm 12:56pm 12:57pm 12:58pm 12:58pm 12:59pm 1:01pm
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 10/08/2010

Test Record Number: 894
Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:03pm
FLO	Pass	1:03pm
FC	Pass	1:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:04pm

Preventive Maintenance Status: Pass

Pass

1:04pm

CAL

Analyst

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

County_	ALAMANE E	Instrument Location	ALAMANCE	E CO. TAK
Instrume	nt Serial No. <u>008924</u>	S. MAPIS	5 6	AtAM, D.
The prev	rentive maintenance procedures for the inthe are:	Intoximeters, Model Intox EC	/IR II to be followed	l at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alco egree centigrade;	holic breath simulat	for thermometer shows
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	. Verify Diagnostic Program; 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 a	expiration date, or the fter 125 Alcoholic E	the alcoholic breath Breath Simulator tests,
procedu	that on the day of	ndicated above, in accordance	with current regular	reventive maintenance tions of the N.C.
THE GREAT OF A	CAROLINA NOTA +	gnature of Certifying Official		Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008924 Test Date: 10/08/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008924 

Test Record Number: 69

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
BT	Pass	2:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

N.C.

County	GAMUINE	Instrument L	ocation	OXPOR		· · · · · · · · · · · · · · · · · · ·
Instrument	Serial No. <u>008933</u>	204 E.	MCLA	A A AAA		Oxtops,
The prever	ntive maintenance procedures for as are:	r the Intoximeters, Mod	del Intox E	C/IR II to be fo	llowed at I	east once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu			coholic breath s	imulator tl	nermometer shows
2.	Verify instrument display	ys time and date;				
3.	Initiate breath test seque	nce;				
4.	Enter information as pro	mpted;				
5.	Verify instrument accura	асу;				
6.	When "PLEASE BLOW	" appears, collect brea	ith sample;			
7.	When "PLEASE BLOW	" appears, collect brea	ith sample;			
8.	Print test record;					
9.	Verify Diagnostic Progra	am; and				
10.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being chang changed every four	inged befor months or	e expiration da after 125 Alcoh	te, or the a nolic Breat	lcoholic breath h Simulator tests,
procedure	nat on theday of s were performed on the instrum nt of Health and Human Service:	ent indicated above, in	accordanc	e with current i	oing prever egulations	ntive maintenance of the N.C.
S S S S S S S S S S S S S S S S S S S	TATE OF NORTH CAROLINA  12. 172  12. 172  AAM VIEW A	Signature of Certify	ing Officia	<u>&gt;</u>	65 Certif	icate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

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

pe of Agency: F17 Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:25pm 12:26pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
ATR RIK	. 00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 338
Test Date: 10/11/2010 Test Time: 12:33pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	[RADVITE	Instrument Location_	Cleana	pt P.D	<b>)</b>
Instrument S	erial No. <u>008641</u>	III MASOME	57. As	WHOOR,	<u> </u>
The preventi four months	ve maintenance procedures for the	he Intoximeters, Model Intox	EC/IR II to be fol	lowed at least onc	e every
1.	Verify the ethanol gas cani	ster displays pressure, or the a 2 degree centigrade;	lcoholic breath si	mulator thermome	eter shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	e;			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	Verify instrument accuracy;			
6.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW"	appears, collect breath sample	ð;		
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 bef changed every four months o	ore expiration date r after 125 Alcoho	e, or the alcoholic olic Breath Simul	breath ator tests,
I certify that procedures Department	t on theday of <u>OC</u> were performed on the instrumer of Health and Human Services,	nt indicated above, in accordar and the instrument is function	the forgoince with current reing properly.	ing preventive ma	nintenance N.C.
STATE OREATOR SEA	CAROUN	Signature of Certifying Office	cial .	652 Certificate Nu	umber

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:13pm 1:14pm 1:15pm 1:15pm 1:16pm
AIR BLK SUB TEST	.00 .00	1:17pm 1:18pm
AIR BLK	.00	1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRANVILLE COUNTY CREEDMOOR PD 380

Test Record Number: 560 Serial Number: 008641

Test Time: 1:20pm EDT Test Date: 10/11/2010

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

#### Printer Tests

Test	Status	Time
DRNT	Pass	1:21pm

#### CRC Tests

Test	Status	Time
COMP	Pass Pass	1:21pm 1:21pm

Preventive Maintenance Status: Pass

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

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

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 682 Test Date: 10/09/2010 Test Time: 9:45pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:46pm 9:46pm
FC	Pass	9:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

#### Blank Tests

rest	Status	Time
AIR	Pass	9:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/09/2010

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: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.08	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Cushe Instrument Location BAT /110 Bile Lait #
Instrument S	Serial No. 008698 Holly Spilings
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on theday of
LYLE CREATER TO SEE AT SECTION OF	Signature of Certifying Official  Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 564
Test Date: 10/09/2010 Test Time: 9:46pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	9:47pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:48pm
CAL	Pass	9:48pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 10/09/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.08	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm

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_	15AT 140	BLE LEIT
Instrument Ser	ial No. <u>008788</u>		Holly S	ortinGS
The preventive four months are	maintenance procedures for the Inte	oximeters, Model Intox	EC/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		alcoholic breath sim	nulator 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" appear	rs, collect breath sample	e;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample	a;	
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 re performed on the instrument indic Health and Human Services, and the	ateu above, ili accordan	ice with current regi	g preventive maintenance ulations of the N.C.
OPH STATE OF THE S	No pur Control of the	ture of Certifying Offici	al	Certificate Number

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 467
Test Date: 10/09/2010 Test Time: 9:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:48pm
FLO	Pass	9:48pm
FC	Pass	9:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
BT	Pass	9:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:49pm 9:49pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/09/2010

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: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:39pm 9:40pm 9:41pm 9:41pm 9:42pm
AIR BLK SUB TEST	.00 .00	9:43pm 9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	DURHAM	Instrument Location 12 12 111	am Co. JAIL			
Instrumen	t Serial No. <u>008891</u>	ZITS MANGUM S	T. DUZHAM, NC			
The preve		for the Intoximeters, Model Intox EC/IR II to	o be followed at least once every			
1.		canister displays pressure, or the alcoholic baus .2 degree centigrade;	reath simulator thermometer shows			
2.	Verify instrument displ	lays time and date;				
3.	Initiate breath test sequ	ence;				
4.	Enter information as pr	ompted;				
5.	Verify instrument accu	racy;				
6.	When "PLEASE BLOV	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOV	When "PLEASE BLOW" appears, collect breath sample;				
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 before expirateing changed every four months or after 125	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,			
I certify t procedure Departme	hat on theday of_ es were performed on the instru- ent of Health and Human Service	DCTOBER, 20_/O the ment indicated above, in accordance with comment and the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C. rly.			
GREAT STATE	STATE ON NO STATE CAROLINA TO THE CAROLINA TO	vias & Smaths	637			
		Signature of Certifying Official	Certificate Number			

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/12/2010

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

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

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 899 Test Date: 10/12/2010 Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

#### Printer Tests

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

Pass

1:52pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Dumm		Instrument	Location	<u> Uran</u>	La. The	· ·
Instrumer	nt Serial No	108878	<u> 20 5.</u>	MAKUM	the state of the s	Dirth	
The preve		ce procedures for the	he Intoximeters, M	odel Intox EC/IF	R II to be foll	owed at least once	e every
1.		he ethanol gas cani ees, plus or minus .			olic breath sir	nulator thermome	ter shows
2.	Verify i	nstrument displays	time and date;				
3.	Initiate	breath test sequence	e;				
4.	Enter in	formation as prom	pted;				
5.	Verify i	instrument accuracy	y;				
6.	When "	When "PLEASE BLOW" appears, collect breath sample;					
7.	When "	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print te	st record;					
9.	Verify :	Diagnostic Program	n; and				
10.	simulat	that the ethanol gas or solution is being ver occurs first.	canister is being c changed every for	hanged before ex ur months or afte	xpiration date r 125 Alcoho	e, or the alcoholic lic Breath Simula	breath itor tests,
procedur	es were perform	day of da	nt indicated above,	in accordance w	ith current re	ng preventive ma gulations of the N	intenance I.C.
CAEAI SEA	STATE OF NORTH CAROLINA  20, 127, 127, 127, 127, 127, 127, 127, 127		S) QA			652 	
			Signature of Cert	nying Official		Certificate Nu	moei

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/12/2010

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

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 1118
Test Date: 10/12/2010 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

#### Printer Tests

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

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

Preventive Maintenance Status: Pass

Abalyst

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

County	Instrument Location Dx ++++ Co. JAIL
Instrumer	Serial No. OOPESS 217 S. MANGUM ST. DURHAM, N.C.
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify to procedur Departm	at on the
GREAT SET	Signature of Certifying Official  Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/12/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:41pm 1:42pm 1:43pm 1:44pm 1:44pm 1:45pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 657 Test Date: 10/12/2010 Test Time: 1:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

Analyst

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

County	OHNSTON Instrument Location SELMA BLICE DEPT.
Instrument Seri	al No. 008595 SELMA NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the OG day of OCTOBER, 20 10 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 10/06/2010

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: 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: AG003403 Exp Date: 02/03/2012

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Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:51pm 2:51pm 2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 443
Test Date: 10/06/2010 Test Time: 2:59pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	3:01pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:01pm
CAL	Pass	3:01pm

Preventive Maintenance Status: Pass

Analyst

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

County 40 U	Instrument Location Pat Mobile Unit 9
Instrument Serial	No. <u>CORRINATION</u>
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 day of october, 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.
ON THE STATE OF A CHARLES THE COLOR OF THE CHARLES THE	Signature of Certifying Official Certificate Number

#### HAYWOOD COUNTY BAT MOBILE UNIT 4 430

Serial Number: 008871 Test Record Number: 317
Test Date: 10/09/2010 Test Time: 5:37pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

HAYWOOD COUNTY BAT MOBILE UNIT 4 430

Serial Number: 008871 Test Date: 10/09/2010

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: 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	Pass .00	5:30pm 5:31pm 5:31pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County_	WAKE	Instrument Location	CAR	20.	
Instrume	nt Serial No. <u>○○~~~</u>	1 <u>30 milkins</u>	x Ave.	CAHY.	<u> </u>
The prev	entive maintenance procedures for the Inths are:	ntoximeters, Model Intox E	C/IR II to be fol	lowed at least once e	every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the ale gree centigrade;	coholic breath si	mulator thermomete	r 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; at	nd			
10.	Verify that the ethanol gas car simulator solution is being chawhichever occurs first.	nister is being changed befo anged every four months or	re expiration data	te, or the alcoholic brolic Breath Simulato	reath or tests,
procedu	that on theday of ires were performed on the instrument in nent of Health and Human Services, and	dicated above, in accordance	ce with current r	ing preventive main egulations of the N.C	tenance
GREAT SEA	STATE ON NO ON CAROLINA STATE OF THE CAROLIN				
13 - 10 m	THE QUAM VIDE A	1 Cd min	en e	453	L
	Sig	gnature of Certifying Offici	al	Certificate Num	per

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 10/07/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: 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	10:36am 10:37am 10:38am 10:39am <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

Analyst

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 1195
Test Date: 10/07/2010 Test Time: 10:44am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:46am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analyst

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

County	08A416E	Instrument Location_	CHAPEL	The second secon	~ > .
Instrument	Serial No. OSES	_ 828 HAPTIN L		4111.	
The preven		or the Intoximeters, Model Intox	EC/IR II to be	followed at lea	ist once every
1.		canister displays pressure, or the aus .2 degree centigrade;	alcoholic breath	simulator the	rmometer shows
2.	Verify instrument displ	ays time and date;			
3.	Initiate breath test sequ	ence;			
4.	Enter information as pr	ompted;			
5.	Verify instrument accur	racy;			
6.	When "PLEASE BLOV	W" appears, collect breath sample	e;		
7.	When "PLEASE BLOV	W" appears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Prog	ram; and			
10.		gas canister is being changed bef ing changed every four months o			
procedures	were performed on the instrui	ment indicated above, in accordances, and the instrument is function	nce with current	going preventi t regulations o	ve maintenance f the N.C.
CREAT SE	ATE ON NORTH CAROLINA MANDELLA	Signature of Certifying Office	ial	65°	ate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/06/2010

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:31am 11:32am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 582
Test Date: 10/06/2010 Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
BT	Pass	11:40am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:40am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analyst

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

County	ORANGE	Instrun	nent Location	CHAPE		2.	<u>)                                    </u>
Instrument	Serial No. OOSESTA	<u> </u>	MATH			NV.	3:-
				John John John St.	<u> </u>	1400000 A 1	<u> </u>
The preven	tive maintenance procedures for the sare:	ne Intoximeters	s, Model Intox E	EC/IR II to be fo	llowed at lea	ist once	every
1.	Verify the ethanol gas canis 34 degrees, plus or minus 2			coholic breath s	imulator the	rmomete	er shows
2.	Verify instrument displays	time and date;					
3.	Initiate breath test sequence	»;					
4.	Enter information as promp	eted;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;						
7.	When "PLEASE BLOW" appears, collect breath sample;						
8.	Print test record;						
9.	Verify Diagnostic Program	; and					
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.						
	at on the day of were performed on the instrument t of Health and Human Services, a	t indicated abo	ve, in accordance		oing preventi regulations o	ve main f the N.	tenance C.
E S S S S S S S S S S S S S S S S S S S	The state of the s	Signature of C	ertifying Officia	al	Certifica	ate Num	ber

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/06/2010

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: QUARANTELLO, NICHOLAS J Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:38am 11:39am 11:39am
AIR BLK SUB TEST	.00	11:40am 11:41am
AIR BLK SUB TEST	.00	11:42am 11:43am
AIR BLK	.00	11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

May

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 576 Test Date: 10/06/2010 Test Time: 11:45am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:47am

#### 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	(ASWELL	Instrument Location	<u> </u>	<u> </u>	
Instrument S	Serial No. <u>00 8593</u>	956 FIRE	DUEY	<u>P</u> D,	NA
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Into	ox EC/IR II to	be followed at I	east once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the degree centigrade;	e alcoholic br	eath simulator th	nermometer 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 sam	ple;		
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed bhanged every four month	pefore expirat s or after 125	ion date, or the a Alcoholic Breat	alcoholic breath h Simulator tests,
procedures	were performed on the instrument t of Health and Human Services, an	indicated above, in accord	dance with cu	rrent regulations	ntive maintenance s of the N.C.
GREAT SEA	O ROUTH CAROLIN TO THE TOTAL TOTAL TO THE TH	11Qm		65	53
		Signature of Certifying Of	fficial	Certif	icate Number

CASWELL COUNTY SHP YANCEYVILLE 160

Serial Number: 008593 Test Date: 10/05/2010

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: 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

Tot Number ACOCCO

Lot Number: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:06am 11:07am 11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:09am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

yanaiy

#### CASWELL COUNTY SHP YANCEYVILLE 160

Test Record Number: 597 Serial Number: 008593 Test Date: 10/05/2010 Test Time: 11:13am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:13am
SRC	Pass	11:13am
DET	Pass	11:13am
BAR	Pass	11:13am
BT	Pass	11:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:14am

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County	Instrument Location (C)
Instrument	erial No. 008816 330 5 SALISBURY ST. PALEIGH, NC
The prever	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	t on the
S S S S S S S S S S S S S S S S S S S	The state of the s

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 10/04/2010

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 State: XX
Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:32am 10:33am 10:33am 10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am

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

#### WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 3388
Test Date: 10/04/2010 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

#### Temperature Tests

Test S	tatus	Time
FC1 P	ass	10:41am
SRC P	ass	10:41am
DET P	ass	10:41am
BAR P	ass	10:41am
BT P	ass	10:41am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:42am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:42am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:42am
CAL	Pass	10:42am

Preventive Maintenance Status: Pass

Analyst

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

Instrument Seria	
msu ument seria	1No. 008686 330 S. SALISBURY ST. RALEIGH, N
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of, 20_\ the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A PART IS	Signature of Certifying Official Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 10/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:06am 10:08am 10:08am 10:09am 10:10am
AIR BLK SUB TEST	.00	10:11am 10:12am
AIR BLK	.00	10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 2262
Test Date: 10/04/2010 Test Time: 10:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:17am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

Analyst

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

County	JAKE	<u> </u>	Instru	ment Location	KANKALO	ACLES.	<u> </u>	
Instrument	Serial No.	<u>00836</u>	979	512406	SQLARE	E .	KNANDARE	PC
The prevent		nance procedures for the	ne Intoximete	rs, Model Intox I	EC/IR II to be follo	owed at I	east once every	
1.		fy the ethanol gas canie egrees, plus or minus			lcoholic breath sin	nulator th	nermometer shows	
2.	Veri	fy instrument displays	time and date	•				
3.	Initi	ate breath test sequence	÷;					
4.	Ente	er information as promp	oted;					
5.	Veri	ify instrument accuracy	;					
6.	Whe	en "PLEASE BLOW"	appears, colle	ect breath sample	•			
7.	Whe	en "PLEASE BLOW"	appears, colle	ect breath sample	;			
8.	Prin	t test record;						
9.	Ver	ify Diagnostic Program	; and					
10.	sim	ify that the ethanol gas ulator solution is being chever occurs first.	canister is be changed ever	ing changed before y four months or	ore expiration date after 125 Alcoho	, or the a lic Breat	lcoholic breath h Simulator tests,	
I certify the procedures Departmen	were perfo	day ofday of ormed on the instrumen and Human Services, a	t indicated ab	ove, in accordan	ce with current re	ng prever gulations	ntive maintenance of the N.C.	
COREATOR OF THE CAREATOR OF TH	ATE OF NORTH CAROLINA		Signature of	Certifying Offici	al	Certifi	cate Number	

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 10/04/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

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

Reported AC: .00 g/210L

Signature of Themical Analyst

Court CVR

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Re Test Date: 10/04/2010 Test S

Test Record Number: 372
Test Time: 11:52am EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:53am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:53am

#### 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

Instrument Serial No	County	GUILFORD	Instrument Location_	BATMOBILE UNIT 3
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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the Ol day of OCTOBER, 2010 the forgoing preventive mainted 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.	Instrument	Serial No. <u>008707</u>	Water to the state of the state	GREENSBORD, NC
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the Ol day of OCTOBER, 2010 the forgoing preventive mainted 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 prevent	ntive maintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the Ol day of OCTOBER, 2010 the forgoing preventive mainted 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.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the a	alcoholic breath simulator thermometer show
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the Ol day of OCTOBER, 2010 the forgoing preventive mainted 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.	2.	Verify instrument displays time	and date;	
5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breatmulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the Ol day of OCTOBER, 2010 the forgoing preventive mainted 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;		
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on theO_1day ofOCTOBER, 20_1O the forgoing preventive mainted 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.	4.	Enter information as prompted;		
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  1 certify that on the Ol day of OCTOBER, 2010 the forgoing preventive mainted 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.	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 browning simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on the Olday of OCTOBER, 2010 the forgoing preventive mainted 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.	6.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brosimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.  I certify that on theOlday ofOCTOBER, 20 10 the forgoing preventive mainted 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.	7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic browning 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 123 Alcoholic Bleath Simulator whichever occurs first.  I certify that on the Ol day of OCTOBER, 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.	9.	Verify Diagnostic Program; and	I	
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 char	ster is being changed be aged every four months	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests
	procedure Departme	es were performed on the instrument ind intention of Health and Human Services, and t	icated above, in accorda	ance with current regulations of the N.C.
	CARENT SE	A CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR		1 110
allum Kou Barnes	A CONTRACTOR OF THE PARTY OF TH	alun Ra	y Barnes	icial Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/01/2010

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: 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	TTIIIG
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	8:04pm 8:05pm 8:05pm 8:06pm 8:06pm 8:07pm
SUB TEST	.00	8:09pm
AIR BLK	.00	8:10pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olm Ray Banes
Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/01/2010

Test Record Number: 677
Test Time: 8:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:10pm
FLO	Pass	8:10pm
FC	Pass	8:10pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:11pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm

#### CRC Tests

Test	Status	Time
COMP	Pass	8:11pm
CAL	Pass	8:11pm

Preventive Maintenance Status: Pass

alun Ray Barnes
Analyst

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

County	GUILFORD	Instrument Location_	BATMOBILE UNIT 3
Instrument S	erial No. <u>608647</u>		GREENSBORD, NC
The preventi four months		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 gree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath samp	ole;
7.	When "PLEASE BLOW" app	ears, collect breath samp	ole;
8.	Print test record;		
9.	Verify Diagnostic Program; ar		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed beinged every four months	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures	t on theOlday ofC were performed on the instrument in of Health and Human Services, and	dicated above, in accordi	0_10 the forgoing preventive maintenance lance with current regulations of the N.C. oning properly.
OREAL STATES	JE & NOW CAROLINA CAR		
* ESSE CHAN	Ulum	Ray Barne	Certificate Number
	Sig	nature of Certifying Off	(FAIR)

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/01/2010

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	8:04pm 8:05pm 8:06pm 8:06pm 8:07pm 8:08pm 8:09pm 8:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alum Ray Bours
Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 919
Test Date: 10/01/2010 Test Time: 8:11pm EDT

System Check: Passed

Baseline Tests

IR Pass FLO Pass FC Pass	8:11pm 8:11pm 8:11pm

### Temperature Tests

FC1 Pass 8:11pm SRC Pass 8:11pm DET Pass 8:11pm BAR Pass 8:11pm BT Pass 8:11pm	Test	Status	Time
DET Pass 8:11pm BAR Pass 8:11pm	FC1	Pass	
BAR Pass 8:11pm	SRC	Pass	8:11pm
	DET	Pass	8:11pm
BT Pass 8:11pm	BAR	Pass	
	BT	Pass	8:11pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	8:12pm 8:12pm

Preventive Maintenance Status: Pass

Analyst

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

County	GUILFORD	Instrument Location_ BATME	
Instrument	t Serial No. <u>008734</u>	GREEN	IBBORO, NC
The prever		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breat degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tit	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	as were performed on the instrument i	CTOBER , 20 10 the found indicated above, in accordance with curred the instrument is functioning properly.	all regulations of the re-c-
CREAT SE	STATE OF NORTH CAROLINA CAROLI		
National Section of the Section of t	Quan yoran and a column	Ray Barres ignature of Certifying Official	Certificate Number
	S	ignature of Certifying Official	

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008736 Test Date: 10/01/2010

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: 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 .07	8:05pm 8:06pm 8:06pm 8:07pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm
SUB TEST	.00	8:10pm
AIR BLK	.00	8:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008736 Test Record Number: 197
Test Date: 10/01/2010 Test Time: 8:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:12pm
FLO	Pass	8:12pm
FC	Pass	8:12pm

### Temperature Tests

Test Status Ti	Lme
	:12pm
SRC Pass 8:	:12pm
DET Pass 8:	:12pm
BAR Pass 8:	:12pm
BT Pass 8:	:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:13pm 8:13pm

Preventive Maintenance Status: Pass

Celm Ray Banes