PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	gerifford	Instrument Location (9/1787	rushan Ja./
Instrument S	Serial No. <u>008638</u>	,	
The preventi		the Intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic b s .2 degree centigrade;	preath simulator thermometer shows
2.	Verify instrument display	ys time and date;	
3.	Initiate breath test sequen	ice;	
4.	Enter information as pror	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	ım; and	
10.		as canister is being changed before expirating changed every four months or after 125	
	were performed on the instrume	ent indicated above, in accordance with cut, and the instrument is functioning proper	
THE STATE OF THE S	THE OF A COUNTY CAROLINA CAROL	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 09/14/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK ACCY CHK	.00	1:01pm 1:02pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 358
Test Date: 09/14/2010 Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:08pm
SRC	Pass	1:08pm
DET	Pass	1:08pm
BAR	Pass	1:08pm
BT	Pass	1:08pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:09pm

Preventive Maintenance Status: Pass

Pass

1:09pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	leveland	Instrument Location <u>Cleve lan</u>	d County S.D.
Instrument Seria	al No. <u>009893</u>	100 Justice Pl. 704-484-4888	Shelby
The preventive four months are		ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; ar	ad	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
l certify that on procedures were Department of l	e performed on the instrument in	dicated above, in accordance with current in the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
SEE GUAN VIDEN	CAROLINA BOO	nature of Certifying Official	55 Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

> Serial Number: 008893 Test Date: 09/28/2010

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: 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	Pass	10:14am
AIR BLK	.00	10:14am
ACCY CHK	.08	10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:16am
AIR BLK	.00	10:17am
SUB TEST	.00	10:19am
ATR BLK	.00	10:20am

Reported AC: .00 g/210L

bf Chemical Anályst

Court CVR

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 640 Test Date: 09/28/2010 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10·22am

Printer Tests

Test

PRNT	Pass	10:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23am 10:23am

Status Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cleveland	Instrument Location Clevela	nd County S.I
Instrumen	t Serial No. <u>008887</u>	100 Justice Pl. 704-484-4888	Shelby
The preve		ntoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration danged every four months or after 125 Alcol	ite, or the alcoholic breath nolic Breath Simulator tests,
		ficated above, in accordance with current	oing preventive maintenance regulations of the N.C.
THE CREAT	CAROLINA AN VIOLUTE AND VIOLUT	Aure of Certifying Official	Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Date: 09/28/2010

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: 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: AG920303 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:48am 10:49am 10:49am 10:50am 10:51am 10:51am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Wills
Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Record Number: 628
Test Date: 09/28/2010 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:56am 10:56am 10:56am 10:56am 10:56am
דים	rabb	10.50am

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

Test	Status	Time
PRNT	Pass	10:56am
	CRC Tests	
Test	Status	Time

1000	Deacas	4 41114
COMP	Pass	10:56am
CAL	Pass	10:56am

Preventive Maintenance Status: Pass

Bolley D. Willei

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Necklenburg	Instrun	nent Location <u>Cornel</u>	ius P.D.
Instrument 5	Serial No. <u>008692</u>	<u>214</u> 4	10 Catawba 1-892-1363	Ave., Cornelius
The prevent four months	ive maintenance procedures for are:	r the Intoximeters	s, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minus			simulator thermometer shows
2.	Verify instrument display	ys time and date;		
3.	Initiate breath test sequen	nce;		
4.	Enter information as pro-	mpted;		
5.	Verify instrument accura	cy;		
6.	When "PLEASE BLOW	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Progra	ım; and		
10.			g changed before expiration of four months or after 125 Alco	late, or the alcoholic breath bholic Breath Simulator tests,
	t on the day of were performed on the instrume of Health and Human Services	ent indicated above	ve, in accordance with current	going preventive maintenance regulations of the N.C.
VALUE OF STATE OF STA	S C R C R C R C R C R C R C R C R C R C	Bignature of Ce	D. (Ollis) ortifying Official	557 Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 09/02/2010

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: 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 AIR BLK SUB TEST	Pass .00 .07 .00	12:09pm 12:09pm 12:10pm 12:11pm 12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Wollis Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Record Number: 791

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:16pm
FLO	Pass	12:16pm
FC	Pass	12:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:16pm
SRC	Pass	12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
BT	Pass	12:16pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:17pm 12:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	leveland Instrument Location Kings Mountain P.D.		
Instrument Ser	$\frac{1}{2} \frac{1}{2} \frac{1}$		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	n the day of		
STATE OF THE STATE	THE CAROLLE STATE OF THE STATE		

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 09/01/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:02am 10:03am 10:04am 10:05am
AIR BLK SUB TEST	.00	10:05am 10:06am 10:08am
ATR BLK	. 00	10.09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willes

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 250 Test Date: 09/01/2010 Test Time: 10:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

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

Pass

10:11am

Preventive Maintenance Status: Pass

CAL

Oly D. Willis
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location ///	ENETT COUNTY
Instrument S	erial No. <u>00873</u>	O DETENTION	ENTER LILLIMSTON NC
The preventi		for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.		canister displays pressure, or the alcoholic bus .2 degree centigrade;	preath simulator thermometer shows
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	насу;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	
7.	When "PLEASE BLO	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	gram; and	
10.		gas canister is being changed before expira eing changed every four months or after 125	
	vere performed on the instru	the ment indicated above, in accordance with cross, and the instrument is functioning proper	urrent regulations of the N.C.
CALLES TATE OF THE CALL OF THE	CAROLIN LANGE	Signature of Certifying Official	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 09/30/2010

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: 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: AG920303 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:18pm 2:19pm 2:20pm 2:21pm 2:22pm 2:22pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 761

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
\mathtt{BT}	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:38pm 2:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location	n HARNETT CO TRETENTION
Instrument	t Serial No. <u>608729</u>	CENTER,	LILLINGTON, NC
The prever four month	-	e Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		ne alcoholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sam	nple;
7.	When "PLEASE BLOW" ap	ppears, collect breath sam	nple;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas communication solution is being considered whichever occurs first.	anister is being changed b hanged every four month	before expiration date, or the alcoholic breath is or after 125 Alcoholic Breath Simulator tests,
I certify the procedures Department	nat on the <u>30</u> day of <u>5</u> s were performed on the instrument nt of Health and Human Services, an	indicated above, in accord	20 the forgoing preventive maintenance dance with current regulations of the N.C. ioning properly.
SE S	- American	ignature of Certifying Of	Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 09/30/2010

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: 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: 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 .08 .00 .00	2:40pm 2:41pm 2:41pm 2:42pm 2:43pm 2:44pm 2:46pm
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

() Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1092 Test Date: 09/30/2010 Test Time: 2:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:58pm 2:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Lerokex	Instrument Location Cherc	oker Co. Jail
Instrument Ser	ial No. <u>008622</u>	Murphy, NE	
The preventive four months ar		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic but 2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	3,	
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 expirat changed every four months or after 125	
I certify that o procedures we Department of	n the <u>30</u> day of	September, 20/0 the tindicated above, in accordance with cu and the instrument is functioning proper	e forgoing preventive maintenance rrent regulations of the N.C. ly.
AND STATE OREAT SE. THE CREAT	CAROLINI TOTAL	1 R Lith	635
		Signature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEOKEE COUNTY JAIL 190

Serial Number: 008622 Test Date: 09/30/2010

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

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

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

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:37pm
ACCY CHK	.08	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEOKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 593 Test Date: 09/30/2010 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:44pm
FLO	Pass	1:44pm
FC	Pass	1:44pm

Temperature Tests

Test	Status	Time
FCl	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
${ t BT}$	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:45pm 1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	trokee Instrument Location Ch	eroker Co. Jail
Instrument Seria	al No. 008711 Murphy, A	·
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 alcoho 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 experimental solution is being changed every four months or after whichever occurs first.	
procedures were	theday of	in current regulations of the N.C.
THE STATE OF THE S	CAROUM WORTH CAROUM	·
ODE GITAM AIDER	Equip K. Cath	<u>635</u>
	Signature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 09/30/2010

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: 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	Pass .00 .08 .00	1:38pm 1:38pm 1:39pm 1:40pm 1:40pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	1:41pm 1:43pm 1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 313 Test Date: 09/30/2010 Test Time: 1:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:47pm
SRC	Pass	1:47pm
DET	Pass	1:47pm
BAR	Pass	1:47pm
BT	Pass	1:47pm

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

	·	
PRNT	Pass	1:48pm
Test	Status	Time

CRC Tests

Test	Status	Time
COMP	Pass	1:48pm
CAL	Pass	1:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Tran	sylvania	Instrument Location 77	ansylvania C	0- Tail
Instrum	ent Serial	No. <u>008609</u>	Brevard, N	<i>(C</i>	
The pre		aintenance procedures for the In			east once every
1		Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		olic breath simulator th	ermometer shows
2	· v	Verify instrument displays time	and date;		
3	•	Initiate breath test sequence;			
4		Enter information as prompted;			
5	i.	Verify instrument accuracy;			
6	i.	When "PLEASE BLOW" appears, collect breath sample;			
7	! .	When "PLEASE BLOW" appears, collect breath sample;			
8	3.	Print test record;			
9),	Verify Diagnostic Program; and			
10	,	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before e ged every four months or afte	xpiration date, or the aler 125 Alcoholic Breath	coholic breath Simulator tests,
I certify procedu Departr	that on tures were the the the the the the the the the th	he day of performed on the instrument indealth and Human Services, and the	cated above, in accordance we instrument is functioning p	the forgoing preven ith current regulations roperly.	tive maintenance of the N.C.
THE GREAT SES	ASTATE OF NO.	A CAROLINA	R. Cathaman		35
		Sign	ature of Certifying Official	Certific	cate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 09/28/2010

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: 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	11:35am 11:36am 11:36am 11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:40am
AIR BLK	,00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dail R. Lather Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 285
Test Date: 09/28/2010 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1ra	nsylvania Instrument I	ocation Transylvan	nia Co. Iail
Instrument Seri	ial No. <u>008820 <u>Brei</u></u>	vard, NC	
The preventive four months are	maintenance procedures for the Intoximeters, Mo	del Intox EC/IR II to be folic	owed at least once every
1.	Verify the ethanol gas canister displays pressur 34 degrees, plus or minus .2 degree centigrade;	e, or the alcoholic breath sim	nulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	th sample;	
7.	When "PLEASE BLOW" appears, collect brea	th sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	inged before expiration date, months or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that or procedures wer Department of	n the day of	accordance with current reg functioning properly.	g preventive maintenance gulations of the N.C.
OR STATE OF THE ST	NORTH CAROLINIA		
	Signature of Certify	ing Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 09/28/2010

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 .08 .00 .00	11:34am 11:35am 11:36am 11:37am 11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dail R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 398 Test Date: 09/28/2010 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:43am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C/	911	Instrument Location Clay C	o. Jail
Instrument Seri	ial No. <u>008608</u>	Hayesville, NC	
The preventive four months are		ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ister is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that o procedures we Department of	n the day of ere performed on the instrument inc f Health and Human Services, and	ofember, 20 / 0 the for dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance of the N.C.
AND 12. ITALY AND 12 TO THE STATE OF THE STA		nature of Certifying Official	635 Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 09/02/2010

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: CUTLER, DANIEL R

Permit Number: 08457E Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:46pm
AIR BLK	.00	12:47pm
ACCY CHK	.08	12:48pm
AIR BLK	.00	12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 718 Test Time: 12:53pm EDT Test Date: 09/02/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:54pm 12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:54pm
SRC	Pass	12:54pm
DET	Pass	12:54pm
BAR	Pass	12:54pm
BT	Pass	12:54pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:55pm 12:55pm

Preventive Maintenance Status: Pass

R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Swain	Instrument Location Cherok	ee P.D.
Instrum	ent Serial No. <u>008782</u>	Cherokee, NC	
	ventive maintenance procedures for t	the Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1	Verify the ethanol gas cani 34 degrees, plus or minus.	ister displays pressure, or the alcoholic breath .2 degree centigrade;	simulator thermometer shows
2	. Verify instrument displays	time and date;	
3	. Initiate breath test sequenc	ee;	
4	. Enter information as prom	pted;	
5	. Verify instrument accuracy	y;	
6	. When "PLEASE BLOW"	appears, collect breath sample;	
7	. When "PLEASE BLOW"	appears, collect breath sample;	
8	Print test record;		
ç	. Verify Diagnostic Program	n; and	
10	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expiration d g changed every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
proced	ires were performed on the instrumer	Storember, 20 / 0 the forgott indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
COREAT SEA	STATE OF NORTH	Signature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 09/03/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: 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 .00	11:58am 11:59am 11:59am 12:00pm 12:01pm
SUB TEST AIR BLK	.00 .00	12:03pm 12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 406 Test Date: 09/03/2010 Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:05pm
FLO	Pass	12:05pm
FC	Pass	12:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:05pm
SRC	Pass	12:05pm
DET	Pass	12:05pm
BAR	Pass	12:05pm
\mathtt{BT}	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:06pm

Pass 12:06pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	raham	Instrument Location Graf	ham Co.	5.0.
Instrument Ser	rial No. <u>0089/5</u>	Robbinsville	NE	
The preventive four months ar		Intoximeters, Model Intox EC/IR II	to be followed at le	ast once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic legree centigrade;	breath simulator the	rmometer 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" app	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 expira anged every four months or after 12		
I certify that o procedures we Department of	ere performed on the instrument in	dicated above, in accordance with columns the instrument is functioning proper	current regulations of	ive maintenance of the N.C.
THE STATE OF THE S	CAROLINI CAR	gnature of Certifying Official		35 ate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 09/10/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:17pm 12:18pm 12:18pm 12:19pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 413 Test Date: 09/10/2010 Test Time: 12:11pm

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 12:12pm SRC Pass 12:12pm DET Pass 12:12pm BAR Pass 12:12pm BT Pass 12:12pm	Test	Status	Time
bi rass iz:izpiii	SRC DET BAR	Pass Pass Pass	12:12pm 12:12pm 12:12pm
		Labb	

Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	tes	Instrument Location Gales	<u>G.S.O.</u>
Instrument Seria	al No. <u>008884</u>	202 Court St., 6	Patesville, MC.
The preventive i		toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic breagree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration aged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures were	e performed on the instrument ind	the ficated above, in accordance with current is functioning properly.	ent regulations of the N.C.
CREAT STATE OF THE	NORTH CAROUND Sion	ature of Certifying Official	Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 09/27/2010

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: 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	Pass .00 .08	11:24am 11:25am 11:25am 11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ánalyst

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 252 Test Date: 09/27/2010 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:38am

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	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39am 11:39am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	Instrument Location Curl, track 6.5.0 - Cord	Water and the same
Instrument Seria	1No.008949 1123 Ocean Tail, Corolla, 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;	NS .
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	ί,
I certify that on procedures were Department of H	the <u>33</u> day of <u>Soptimed</u> , 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.	e
THE STATE OF A THE ST	CAROLLI CAROLL	
	Signature of Certifying Official Certificate Number	

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 09/23/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 154
Test Date: 09/23/2010 Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:13pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:13pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 7	Instrument Location Auden Police Dept		
Instrument Seria	INO. OOBbloo 4144 West Ave., Ayden, NC 285		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the day of Sophender, 2010 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 09/21/2010

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: AG910601 Exp Date: 04/16/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:51am 10:52am 10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:54am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 418
Test Date: 09/21/2010 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:59am 10:59am 10:59am 10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time

11:00am

CAL Pass 11:00am

Preventive Maintenance
Status: Pass

Pass

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gas	ton	Instrument Location Gaston C	ounty 5D
Instrument Serial	No. <u>008881</u>	425 N. Marietta 1 704-864-6800	Street, Gastonia
The preventive m four months are:	naintenance procedures for the Int	oximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath si	imulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ter is being changed before expiration dat ged every four months or after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
procedures were	performed on the instrument indi	cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF A	Sign	ature of Certifying Official	Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Date: 09/03/2010

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

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

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

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

10/01/2009-10/01/2011

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

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

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

Reported AC: ___00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Record Number: 309 Test Date: 09/03/2010 Test Time: 11:01am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	ston Ins	strument Location Gaston C	ounty SD
Instrument Seria	al No. <u>008706 4ã</u>	704-869-6800	
The preventive if four months are	maintenance 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 d	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	oilect 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.		
procedures were	the 3rd day of September performed on the instrument indicated Health and Human Services, and the instrument	above, in accordance with current	going preventive maintenance regulations of the N.C.
COLUMN WELD SET	Nogha CAROUM.	of Certifying Official	65¢ Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 09/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:54am 10:55am 10:56am 10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

/0107

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Record Number: 1406 Test Date: 09/03/2010 Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:03am 11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
BT	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test

PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Status Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gas	aston Instrument Location Belm	ont PD	
Instrument Seria	erial No. <u>008733</u> <u>201 Chronicle St</u>	•	
	704-825-3792		
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II tare:	to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	preath 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 expira simulator solution is being changed every four months or after 125 whichever occurs first.		
procedures were	on the 3 day of September, 20 10 the vere performed on the instrument indicated above, in accordance with conf Health and Human Services, and the instrument is functioning proper	urrent regulations of the N.C.	
STATE OF STA	Signature of Certifying Official	(650) Certificate Number	

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 09/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:55am
AIR BLK	.00	9:56am
ACCY CHK	.08	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:01am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 401 Test Date: 09/03/2010 Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03am
FLO FC	Pass Pass	10:03am 10:03am

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
\mathtt{BT}	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:04am 10:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Guilford Instrument Location Greens boro Jail
Instrumen	nt Serial No. 008790
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	that on the
OREAT SE	TATE ON ON THE CARD LE

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 JAIL 400

Serial Number: 008790 Test Date: 09/01/2010

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: 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	Pass .00 .08	11:54am 11:54am 11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 1972 Test Date: 09/01/2010 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Status

Test

CAL

PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:02pm

Time

12:02pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		instrument Location Greens bure JAil
Instrum	ent Seria	II No. <u>008794</u>
	eventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1		Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2	2.	Verify instrument displays time and date;
3	3.	Initiate breath test sequence;
4	ļ.	Enter information as prompted;
Š	5.	Verify instrument accuracy;
ϵ	j.	When "PLEASE BLOW" appears, collect breath sample;
7	7.	When "PLEASE BLOW" appears, collect breath sample;
8	3.	Print test record;
9	€.	Verify Diagnostic Program; and
10	·	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedi		the
CREAT SE	ASTATE OF N	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 09/01/2010

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: 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	12:18pm 12:19pm
ACCY CHK AIR BLK	.07	12:19pm 12:20pm
SUB TEST AIR BLK	.00 .00	12:20pm 12:21pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 1224
Test Date: 09/01/2010 Test Time: 12:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
\mathtt{BT}	Pass	12:26pm

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OWAN Instrument Location SAlisbury Police
Instrument Ser	rial No. <u>008868</u> Department
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.
	the day of September, 20 10 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE COURT OF THE C	CAROLL CA

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

Signature of Certifying Official

Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 1086 Test Date: 09/08/2010 Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 09/08/2010

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: 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: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:47pm 2:48pm 2:49pm 2:49pm
SUB TEST	.00	2:50pm
AIR BLK SUB TEST	.00	2:51pm 2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	OWAN Instrument Location SAlisbury Police
Instrument Ser	rial No. 008835 Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
STATE OF THE STATE	CAROLL STATE OF THE STATE OF TH

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

Signature of Certifying Official

Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 09/08/2010

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: 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: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:13pm 3:14pm 3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
ATR BLK	. 0.0	3:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 581 Test Date: 09/08/2010 Test Time: 3:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm
(CRC Tests	
Test	Status	Time

COMP	Pass	3:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ppose assure	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVIDSON Instrument Location I hampsville to lice
Instrument Se	erial No. 008872 Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE CREAT STATE OF THE CREAT STA	

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

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 09/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

ermit Number: 11598 Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:22pm 1:23pm 1:23pm 1:24pm 1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 651 Test Date: 09/17/2010 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Tect	Status	Time

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	VISON Instrument Location Lexingrov Plice
Instrument Seria	1 No. <u>008883</u> <u>Department</u>
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
CREAT STATE OF WATER TO THE CR	Atoin Dead 647

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

Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 09/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 690 Test Date: 09/17/2010 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FCl	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
\mathtt{BT}	Pass	3:05pm

Blank Tests

Test	Status	Time
ATR	Pass	3 · 0 6 m

Printer Tests

rest	Status	Time	
PRNT	Pass	3:06pm	

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	3:06pm
CAL	rass	3:06pm

Preventive Maintenance Status: Pass

Analyst

35

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DA	VIDSON Instrument Location DAVIDSON Co. JAI
Instrument Seria	INO. 008845 Lexinstou, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
*	heday of
OTHE STATE OF NOTICE OF THE STATE OF NOTICE OF THE STATE OF NOTICE OF THE STATE OF	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 09/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:47pm 3:48pm 3:49pm 3:50pm 3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 678
Test Date: 09/17/2010 Test Time: 3:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

Printer Tests

	·	
	CRC Tests	
PRNT	Pass	3:56pm
Test	Status	Time

TESL	Status	TIME
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FUILFORD Instrument Location Greens	boro JAi
Instrument Se	erial No. <u>008770</u>	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be foure:	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	
procedures we	on the day of eprembee, 20 the forgoing pere performed on the instrument indicated above, in accordance with current references and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE	- CALLY WICK!	642
	Signature of Certifying Official	Certificate Number

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 09/21/2010

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: 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 .08	2:23pm 2:24pm 2:25pm 2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 1991 Test Date: 09/21/2010 Test Time: 2:30pm EDT

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	2:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:31pm
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sqrt{\lambda} \lambda \lambda		Instrument Location	1		A Company of the Comp	
Instrument Serial	No. <u>NO \$ 588</u>	102 (out V	<u>(21)</u>	a de la company		Will M
The preventive m four months are:	naintenance procedures for the Ir	ntoximeters, Model Into	x EC/IR I	I to be follow	ed at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		e alcoholi	c breath simul	ator therm	ometer shows
2.	Verify instrument displays time	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appe	ears, collect breath samp	ple;			
7.	When "PLEASE BLOW" appe	ears, collect breath sam	ple;			
8.	Print test record;					
9.	Verify Diagnostic Program; an	d				
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed b nged every four months	efore expi or after 1	ration date, or 25 Alcoholic	the alcoho Breath Sin	olic breath nulator tests,
procedures were	he day of performed on the instrument inclealth and Human Services, and	licated above, in accord	ance with	current regul	preventive ations of th	maintenance ne N.C.
THE STATE OF A STATE O	ON CAROLINA	A Keep			G 4	Number

PITT COUNTY PITT CO DETENTION

Serial Number: 008588 Test Date: 09/24/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:51pm 12:52pm 12:53pm 12:54pm 12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008588 Test Record Number: 532 Test Date: 09/24/2010 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	1:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Autold	Instrument Lo	A A	Co. Covishouse
Instrument Seri	al No. <u>104904</u>	102 E.	200 4 me	S, WashingTON, A
The preventive four months are	maintenance procedures for the	Intoximeters, Mode	el Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		or the alcoholic breat	h simulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath	sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.			date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	the <u>SAP</u> day of <u>SE</u> e performed on the instrument if Health and Human Services, and	idicated above, in a	ccordance with curren	going preventive maintenance at regulations of the N.C.
THE STATE OF THE S	SOLIN CAROLINA) LA. M.	e La Lamaciana	_647
	Sig	nature of Certifyin	g Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 09/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:05am 11:06am 11:07am 11:08am 11:08am 11:09am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 899
Test Date: 09/22/2010 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:13am 11:13am 11:13am 11:13am 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	Pass	11:14am
CAL	Pass	11:14am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	autor	Instrument Location	5 to Cossishous
Instrument Ser	rial No. <u>00 45 4 V</u>	102 E. 2NO 5814	(Washington)
The preventive four months ar		he Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ister displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequenc	e;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	<i>y</i> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		canister is being changed before expiration changed every four months or after 125 Al	
procedures we	re performed on the instrumen	the fo t indicated above, in accordance with curre and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
SE OTHER STATE OF STA		Signature of Certifying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 09/22/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

~/210T

mi mo

To at

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:58am 10:59am 10:59am 11:00am 11:01am 11:02am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 546
Test Date: 09/22/2010 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Status

Time

Printer Tests

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sqrt{1}\)	durmads	Instrument Location	Laurinans Co. S.O.	
Instrument Serial	No. 00 (A>)	D. D. Church	St., Murbed, N.C.	
The preventive m four months are:	naintenance procedures for the Intox	imeters, 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 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.			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,	
I certify that on the procedures were Department of He	he day of September day	ed above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. properly.	
THE STATE OF NO.	REPUMA ROUMA	e a 1/ 0	g a marinere de la companya de la co	
-4021222320	Signatu	A. Cefficial	Certificate Number	

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 09/08/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	.00 .00	11:44am 11:45am 11:46am 11:47am 11:47am 11:49am
AIR BLK	.00	
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 222 Test Date: 09/08/2010 Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:54am

Temperature Tests

Status	Time
Pass	11:54am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:55am 11:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

County	LREUV	Instrument Location / Jacob	Co. 40.
Instrument Serial	No. 004902	40> Main 41.	D. U, Arganla
The preventive m four months are:	naintenance procedures for the	Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breath degree centigrade;	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	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration danaged every four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that on t procedures were Department of H	performed on the instrument i	大学なるなが、 , 20 人 the forg ndicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OTHE STATE OF NEW YORK WANDER	Sin Carolina Sin	gnature of Certifying Official	Certificate Number

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 09/20/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 09/20/2010

Test Record Number: 247
Test Time: 12:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	14020 Instrument Location Whoskie Police Digs.
Instrument Seria	INO. 008849 125 W. Main St., Phospie, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the day of day o
THE STATE OF AN TO THE STATE OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 09/08/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:32pm 2:33pm 2:34pm 2:34pm 2:35pm 2:36pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 449
Test Date: 09/08/2010 Test Time: 2:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

**	D	2 10
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time	
PRNT	Pass	2:40pm	
	CRC Tests		

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	hington Instrument Location Washington Co. 50.
Instrument Seria	1 No. 008829 Adams 56., Plymoush, N.C.
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 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 day of 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.
TOP QUAM YORK	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 09/20/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:19pm 1:20pm 1:20pm 1:21pm 1:22pm 1:23pm
AIR BLK	.00	1:25pm

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 224
Test Date: 09/20/2010 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:27pm

Temperature Tests

Test	Status	Time
FCl	Pass	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
BT	Pass	1:27pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	1 · 28pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:28pm

Preventive Maintenance Status: Pass

Pass

1:28pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Ven	XXsK	Instrume	nt Location Stance	1 ///	Cut.
Instrume	ent Serial	No. <u>008928</u>	a kanangani dalah	bellparing N	***	
The prev		aintenance procedures fo	or the Intoximeters,	Model Intox EC/IR II to	be followed at	least once every
1.		Verify the ethanol gas c 34 degrees, plus or minu		sure, or the alcoholic br de;	eath simulator t	hermometer shows
2.		Verify instrument displa	ys time and date;			
3.		Initiate breath test seque	ence;			
4.		Enter information as pro	ompted;			
5.		Verify instrument accur	acy;			
6.		When "PLEASE BLOW	" appears, collect	oreath sample;		
7.		When "PLEASE BLOW" appears, collect breath sample;				
8.	ı	Print test record;				
9.	,	Verify Diagnostic Progr	ram; and			
10.		Verify that the ethanol g simulator solution is be whichever occurs first.	gas canister is being ing changed every for	changed before expiratiour months or after 125	on date, or the a Alcoholic Breat	lcoholic breath h Simulator tests,
procedu	res were j	ne	nent indicated above	e, in accordance with cur	rrent regulations	ntive maintenance of the N.C.
GREAT SE	STATE OF NO.	W CAROLINA	Lind 1		<u></u>	. 47
			Signature of Cer	tifying Official	Certif	icate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 09/13/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:42am 11:43am 11:44am 11:45am 11:45am 11:46am
SUB TEST	.00	11:48am
ATR BLK	.00	11:40am
CITY DITY		エエ・サンは川

Reported AC: _.00 g/210L

Signature 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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 127
Test Date: 09/13/2010 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:50am 11:50am 11:50am 11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:51am	
	CRC Tests		
Test	Status	Time	
COMP CAL	Pass Pass	11:51am 11:51am	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial			CA. VELLAMA CEME
	No. 00 465}	100 V. Value St., 1	Nilson N.C.
The preventive m	aintenance procedures for the In	ntoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration nged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	performed on the instrument ind	, 20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF NO.	A ROLLING	es lless	La Conservação

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 09/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:22am 11:23am 11:23am 11:24am 11:25am 11:26am 11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1341
Test Date: 09/02/2010 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Tests

Test

2000	Deacas	± ± 1110	
PRNT		11:32am	
	CRC Tests		

Status Time

Test	Status	Time
COMP	Pass Pass	11:32am 11:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location Wilson G. RUMMON Com		
Instrument Seria	100. 008607 100 E. anen 50., Wilson, N.C.		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on to procedures were Department of H	the day of 1,20 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 NOTICE OF A STATE OF	Signature of Certifying Official Certificate Number		

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 09/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:22am 11:23am 11:24am 11:25am 11:26am
SUB TEST AIR BLK	.00 .00	11:28am 11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 1008 Test Date: 09/02/2010 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Tests

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

Pass

Pass

11:32am 11:32am

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Weller Instrument Location Muchaely bath Police As
Instrume	at Serial No. 008904 115 E. Grond St., Mulfres Boro, N
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5	Verify instrument accuracy;
6	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
THE CREAT SE	STATE ON NORTH AND THE STATE OF
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 09/08/2010

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:28pm 1:29pm 1:29pm 1:30pm 1:31pm 1:32pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 245 Test Date: 09/08/2010 Test Time: 1:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1 · 37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NEW HANOVER	Instrument Location_	WeightsvillE	: Deach
Instrumer	nt Serial No. <u>8667</u>		POLICE DEPT	
The preve	entive maintenance procedures for the Intox ths are:	imeters, Model Intox	EC/IR II to be followed at least	t once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		alcoholic breath simulator thern	nometer shows
2.	Verify instrument displays time and	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	, collect breath sampl	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	is being changed being devery four months o	fore expiration date, or the alcol or after 125 Alcoholic Breath Si	nolic breath mulator tests,
procedur	that on theday ofday of	ted above, in accorda	the forgoing preventive ince with current regulations of ning properly.	e maintenance the N.C.
GREAT SA	CAROLINI QUAM YORA	my line of Certifying Office	ecial Certificate	S / e Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 09/10/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 700

Test Date: 09/10/2010

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:50pm 12:50pm 12:50pm 12:50pm 12:50pm
		*-

Blank Tests

Test	Status	Time	

AIR Pass 12:51pm

Printer Tests

rest	Status	TIME
PRNT	Pass	12:51pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1) ASH COUNTY Instrument Location SHP TK	LEUP C DISTRET
Instrument S	erial No. 008924 2617 N WSLEYAN	BUD. Perry
		<u> </u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath oholic Breath Simulator tests,
nrocedures v	ton theday of, 20, 20 the forwere performed on the instrument indicated above, in accordance with curren of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
ALLS OF THE CREAT SECTION OF T	Signature of Certifying Official	Certificate Number

NASH COUNTY SHP TROOP C DIST 1 630

Serial Number: 008924 Test Record Number: 64 Test Date: 09/24/2010 Test Time: 5:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:07pm

CRC Tests

Test	Status	Time
COMP	Pass	5:07pm
CAL	Pass	5:07pm

Preventive Maintenance Status: Pass

Analyst

NASH COUNTY SHP TROOP C DIST 1 630

Serial Number: 008924 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J

Permit Number: 21536E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	5:08pm 5:09pm 5:10pm 5:10pm
SUB TEST AIR BLK	.00 .00	5:11pm 5:12pm
SUB TEST AIR BLK	.00 .00	5:13pm 5:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WASH CONTY Instrument Location SHP TROOP C	DSTRUCT
Instrume	nt Serial No. 00 8651 267 N WELEYAN BNO. (6	<u>Levy</u> N
V		- Market
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least oths are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thern 34 degrees, plus or minus .2 degree centigrade;	nometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholid simulator solution is being changed every four months or after 125 Alcoholic Breath Si whichever occurs first.	nolic breath mulator tests,
procedur	that on the day of September, 20 the forgoing preventive res were performed on the instrument indicated above, in accordance with current regulations of the tent of Health and Human Services, and the instrument is functioning properly.	e maintenance the N.C.
A GREAT S	STATE OF TOO TO TO TOO TO TO TO TO TO TO TO TO T	a Number

NASH COUNTY SHP TROOP C DIST 1 630

Serial Number: 008651 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: QUARANTELLO, NICHOLAS J

Permit Number: 21536E

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

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:23pm 4:24pm
ACCY CHK AIR BLK	.08	4:24pm 4:25pm
SUB TEST	.00	4:26pm
AIR BLK	.00	4:27pm
SUB TEST AIR BLK	.00 .00	4:28pm 4:29pm
WIK DHV	. 00	せ・ムンレ!!!

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY SHP TROOP C DIST 1 630

Serial Number: 008651 Test Record Number: 889
Test Date: 09/24/2010 Test Time: 4:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:30pm
FLO	Pass	4:30pm
FC	Pass	4:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:31pm
SRC	Pass	4:31pm
DET	Pass	4:31pm
BAR	Pass	4:31pm
BT	Pass	4:31pm

Blank Tests

Test	Status	Time
AIR	Pass	4:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:31pm

CRC Tests

 Test	Status	Time
		4:31pm 4:31pm
CEATI	rass	T - J I P 11

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HALIFAX	Instrument Location	IFAX CO. SHELLER D
Instrument	Serial No. <u>008695</u>	FERREL LN. +	MIFAY, N.C.
The preven	•	the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic s.2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ice;	
4.	Enter information as pror	npted;	
5.	Verify instrument accura	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.		as canister is being changed before expire g changed every four months or after 12	
procedures	were performed on the instrume	ent indicated above, in accordance with continuous and the instrument is functioning properties.	current regulations of the N.C.
THE CORENT SET OF SET O	ATE OF NORTH CAROLINA	Signature of Certifying Official	Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:50pm 1:51pm
ACCY CHK	.08	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 681 Test Date: 09/24/2010 Test Time: 1:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:58pm

Temperature Tests

Status	Time
Pass	1:58pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

Test	Status	Time
COMP	Pass	1:59pm
CAL	Pass	1:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NORTHAMPEN Instrument Location NORTHAMPEN
Instrumen	Serial No. 008607 105 W. TEPERSU ST. JACKSUN, N.
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.
procedure	nat on the day of
GREAT SE	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

> Serial Number: 008607 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 577
Test Date: 09/24/2010 Test Time: 12:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:48pm 12:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DETHAMPION	Instrument Location NORTH	WIN 6. SHELLIT
Instrument Seri	ial No. <u>008688</u>	US W. JEFFERSON	ST. JACKSON,
The preventive four months are		e Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expirate changed every four months or after 125	
procedures we	re performed on the instrument	indicated above, in accordance with cund the instrument is functioning proper	arrent regulations of the N.C.
CREAT STATE OF THE CREAT STATE O	TO ALL CAROLINA	Signature of Certifying Official	Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.07 .00 .00	12:31pm 12:32pm 12:33pm 12:34pm 12:35pm
AIR BLK		12:38pm 12:38pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 511
Test Date: 09/24/2010 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 12:43pm SRC Pass 12:43pm	
DET Pass 12:43pm BAR Pass 12:43pm BT Pass 12:43pm	n n n

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HALLFAY	Instrur	nent Location	<u> 201900</u>	LE PAPIDS	<u> </u>
Instrument	Serial No	1040	PUANOKS	<u> </u>	POTROTE	RAADS, NC
The preven	tive maintenance procedures for th	e Intoximeter	s, Model Intox EC	/IR II to be	followed at least or	nce every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2			holic breath	simulator thermor	neter 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" a	appears, collec	t breath sample;			
7.	When "PLEASE BLOW" a	appears, collec	t breath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.					
procedures	t on the day of <u>SE</u> were performed on the instrument t of Health and Human Services, an	indicated abo	ve, in accordance	with curren	going preventive m t regulations of the	aintenance N.C.
CONTRACTOR OF THE CAREAT SECTION OF THE CARE	WE O NORTH CAROLINA	Q1Q	MANY)	657	
		Signature of C	ertifying Official		Certificate N	umber

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 339 Test Date: 09/24/2010 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:29am
FLO	Pass	11:29am
FC	Pass	11:30am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

Status

Time

Test

PRNT	Pass	11:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:31am 11:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

NL

County +	ALIFAY	Instru	ment Location	POANE	X & (4	2AP10S	PA.
Instrument Ser	ALIFAY rial No. <u>00</u> 8635	040	lotrias	NE.	<u> 2011</u>	<u> </u>	LAPIOS
The preventive four months ar	e maintenance procedures for the:	e Intoximeter	s, Model Intox E	C/IR II to l	e followe	ed at least of	once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		•	coholic bre	ath simula	itor thermo	meter 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" a	ppears, collec	ct breath sample;				
7.	When "PLEASE BLOW" a	ppears, collec	ct breath sample;				
8.	Print test record;						
9.	Verify Diagnostic Program;	and					
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.						
	n the day ofsere performed on the instrument F Health and Human Services, an					reventive t	naintenance e N.C.
THE STATE OF THE S	A OR THE CAROLINA A	16	2 mc			657	·
	S	lignature of C	ertifying Officia	1	C	ertificate ?	Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:16am 11:17am 11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 776
Test Date: 09/24/2010 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Te	st	Status	Time
PR	NT	Pass	11:25am
	CI	RC Tests	
Te	st	Status	Time
CO CA	MP L	Pass Pass	11:25am 11:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

And the same of th	INTOXIMETERS, MODEL INTOX EC/11	A Ben, whitehouse AH	
County	UMBERIAND Instrument Location SECUR	ety torces	
Instrument Se	rial No. 068287 TOPE AFB	*	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alco whichever occurs first.		
	on the <u>/3</u> day of <u>SEPTEM BER</u> , 20 10 the forgere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.	
SERVICE AND SUPPLIES AND SUPPLI	Signature of Certifying Official	528 Certificate Number	

POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

> Serial Number: 008787 Test Date: 09/13/2010

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:20pm 1:21pm 1:21pm 1:22pm 1:22pm 1:23pm
AIR BLK	.00	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

POPE AIR FORCE BASE SECURITY FORCES CUMBERLAND COUNTY

Serial Number: 008787 Test Record Number: 151 Test Date: 09/13/2010 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:27pm
FLO	Pass	1:27pm
FC	Pass	1:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:27pm
SRC	Pass	1:27pm
DET	Pass	1:27pm
BAR	Pass	1:27pm
\mathtt{BT}	Pass	1:27pm

Blank Tests

Test	Status	Time
ΔTD	Dace	1.28nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:28pm
	CRC Tests	
Test	Status	Time

1:28pm

1:28pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location SOUTHERN
Instrumen	nt Serial No. <u>608720</u>	Ries Police Dept.
The preve four mont		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
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 sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	nd
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
procedure	hat on the <u>J</u> day of <u>S</u> es were performed on the instrument in ent of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
GREAT SEA	CARO	10 Num 578

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

Signature of Certifying Official

Certificate Number

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 09/13/2010

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:12am 11:13am
ACCY CHK	.07	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 442 Test Date: 09/13/2010 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am

CRC Tests

COMP Pass 11:20a CAL Pass 11:20a	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Walet	Instrument Location 54 1108:42 Land
Instrument	: Serial No. <u>CO8600</u>	<u>CAU</u>
The prever		e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays t	ime and date;
3.	Initiate breath test sequence	;
4.	Enter information as prompt	ted;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
procedure	s were performed on the instrument	indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
GREAT S	TATE OF NORTH CAROLLIA	

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 670
Test Date: 09/17/2010 Test Time: 10:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:00pm
SRC	Pass	11:00pm
DET	Pass	11:00pm
BAR	Pass	11:00pm
\mathtt{BT}	Pass	11:00pm

Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/17/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:49pm 10:50pm 10:51pm 10:52pm
SUB TEST	.00	10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location B4	4 /110/5:16 Com 13 "
Instrument S	nt Serial No. <u>608648</u>	Ages served
The preventi	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II ths are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	
procedures v	that on the	current regulations of the N.C.
PATS OF THE CREAT SECTION OF T	SIATE OF NORTH AND THE CARD TH	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 557
Test Date: 09/17/2010 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm

CRC Tests

Test	Status	Time
COMP	Pass	11:01pm
CAL	Pass	11:01pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/17/2010

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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	10:50pm
AIR BLK ACCY CHK	.00	10:51pm 10:52pm
AIR BLK	.00	10:53pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ev 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the day of day o	County	Wake	Instrument Location_	Ent /11	White Course of the 3
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer of 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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 Aday of Ada	Instrument	Serial No. 608788		CARRY	
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the			ntoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	1.			alcoholic breath s	imulator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	2.	Verify instrument displays time	e and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	3.	Initiate breath test 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 bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	4.	Enter information as prompted	,		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;			
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appo	ears, collect breath samp	le;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" app	ears, collect breath samp	le;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bre simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	8.	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; an	d		
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 cha	ister is being changed be nged every four months	fore expiration da or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
STATE ON O	procedures	were performed on the instrument inc	dicated above, in accorda	ince with current r	oing preventive maintenance egulations of the N.C.
ON THE COME AND TH	Orm ST.	ATE OF NOTE OF			
Signature of Certifying Official Certificate Number	S S S S S S S S S S S S S S S S S S S	and the state of t	noture of Certifying Offi	cial cial	636 Certificate Number

WAKE COUNTY BAT' MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 456 Test Date: 09/17/2010 Test Time: 11:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:02pm

Printer Tests

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

11:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.08	10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOL		Instrument Location Ran	IDOLPH G. JAIL
Instrument	Serial No	28899	ASHEBORO	NC
The preven		procedures for the	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.		ethanol gas canister s, plus or minus .2 d		ic breath simulator thermometer shows
2.	Verify ins	trument displays tim	ne and date;	
3.	Initiate br	eath test sequence;		
4.	Enter info	rmation as prompted	d;	
5.	Verify ins	trument accuracy;		
6.	When "PI	EASE BLOW" app	pears, collect breath sample;	
7.	When "PL	LEASE BLOW" app	pears, collect breath sample;	
8.	Print test	record;		
9.	Verify Dia	agnostic Program; ar	nd	
10.	simulator	solution is being cha		piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	were performed t of Health and H		dicated above, in accordance with the instrument is functioning pro	
2000) Şun	pature of Certifying Official	Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 09/29/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

*)*Analyst

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 881 Test Date: 09/29/2010 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

rest	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
		11:38am 11:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOCAL Instrument Location RANDOLAY CO. JAIL
Instrumen	nt Serial No. 008860 ASHERORO, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the
A THE GREAT GO	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Date: 09/29/2010

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:15am 11:16am 11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Record Number: 893 Test Date: 09/29/2010 Test Time: 11:23am 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	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:24am	
	CRC Tests		

Test	Status	Time
COMP	Pass	11:24am
CAL	Pass	11:24am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON	Instrument Location_	BENSON POLICE DEPT
Instrument Se	erial No. <u>00885</u>	BENSO	ON, NC
The preventive four months a		e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample	le;
7.	When "PLEASE BLOW" a	appears, collect breath sample	le;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed bef changed every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the day of were performed on the instrument of Health and Human Services, a	indicated above, in accorda	the forgoing preventive maintenance unce with current regulations of the N.C. ning properly.
STATE WILL STATE WILL STATE WILL STATE WILL STATE STATE OF STATE S	CAROLINA STATE OF THE STATE OF	Signature of Certifying Office	Cial Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 09/22/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:36pm 5:37pm
ACCY CHK	.08	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm
SUB TEST	.00	5:42pm
AIR BLK	.00	5:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 169
Test Date: 09/22/2010 Test Time: 5:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:46pm
SRC	Pass	5:46pm
DET	Pass	5:46pm
BAR	Pass	5:46pm
BT	Pass	5:46pm

Blank Tests

Test	Status	Time	
AIR	Pass	5:46pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm

CRC Tests

Test	Status	Time
COMP	Pass	5:46pm
CAL	Pass	5:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SORAND	Instrument Location	COTLAND CO. Sharks
Instrumer	nt Serial No. <u>008861</u>	DATICE LAW	DRINBURG NC
The preve	entive maintenance procedures for the Into	oximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		lic breath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedure	that on the 23 day of 56 es were performed on the instrument indicent of Health and Human Services, and the	cated above, in accordance wit	th current regulations of the N.C.
GREAT SEA		iture of Certifying Official	Certificate Number

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Date: 09/23/2010

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:46pm 2:47pm 2:48pm 2:49pm 2:49pm 2:50pm
SUB TEST	.00	2:52pm
AIR BLK	.00	2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861 Test Record Number: 362 Test Date: 09/23/2010 Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SCOTLAND Instrument Location LAURINBURG POLICE		
Instrument Seri	ial No. 008834 Dept. LAUNNRURE 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 wer	n the 23 day of SEPTEMBER, 20 10 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
OTHE STATE OF THE COMPANY OF THE COMPANY TO A THE COMPANY	1		
	Signature of Certifying Official Certificate Number		

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Date: 09/23/2010

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:28pm 5:29pm 5:29pm 5:30pm 5:31pm 5:32pm
SUB TEST	.00	5:33pm
ATR BLK	.00	5:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834 Test Record Number: 330 Test Date: 09/23/2010 Test Time: 5:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:36pm
FLO	Pass	5:36pm
FC	Pass	5:36pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:36pm 5:36pm 5:36pm 5:36pm 5:36pm

Blank Tests

Test	Status	Time
AIR	Pass	5:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:37pm

CRC Tests

Test	Status	Time
COMP	Pass	5:37pm
CAL	Pass	5:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location 13A7 Wlob. 1e an. 7
Instrument Seri	al No. <u>108939</u> <u>54P</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.
	the
APRIL 12. 1776 ESSE QUAM VIDES	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Record Number: 438 Test Date: 09/25/2010 Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08pm
FLO	Pass	11:08pm
FC	Pass	11:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

Blank Tests

Test	Status	Time
AIR	Pass	11:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:08pm

CRC Tests

Test	Status	Time
COMP	Pass	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance Status: Pass

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 09/25/2010

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:58pm 11:00pm 11:00pm 11:01pm 11:03pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:04pm
AIR BLK	.00	11:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jones Instrument Location BAT M66:1x Unit G
Instrumer	Serial No
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1 .	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the
THE GREAT SEA	7). (////////////////////////////////////
	Signature of Certifying Official Certificate Number

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

JONES COUNTY BAT MOBILE UNIT 6 510

Test Record Number: 497 Serial Number: 008898 Test Time: 8:24pm EDT Test Date: 09/24/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Status	Time
Pass	8:24pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	8:25pm

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	8:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:25pm

Preventive Maintenance Status: Pass

Pass

8:25pm

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008898 Test Date: 09/24/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:17pm 8:17pm 8:18pm 8:19pm 8:19pm
AIR BLK	.00	8:20pm
SUB TEST	.00	8:22pm
AIR BLK	.00	8:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 3/	incombe	Instrument Location Buncon	ype Co. Jail
Instrument Ser	ial No. <u>00863/</u>	Ashe V	ille ve
The preventive four months are		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath gree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 expiration aged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures we Department of	ere performed on the instrument ind	icated above, in accordance with current he instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
TO THE STATE OF THE CORE AT TH	North CAROLINA Sign	nature of Certifying Official	Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 09/23/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
ACCY CHK AIR BLK	.00	8:27pm 8:28pm 8:28pm 8:29pm
SUB TEST		8:29pm
 AIR BLK SUB TEST	.00 .00	8:30pm 8:32pm
AIR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 1461 Test Date: 09/23/2010 Test Time: 8:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:34pm
FLO	Pass	8:34pm
FC	Pass	8:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:34pm
SRC	Pass	8:34pm
DET	Pass	8:34pm
BAR	Pass	8:34pm
BT	Pass	8:34pm

Blank Tests

Test	Status	Time
AIR	Pass	8:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:35pm
	CRC Tests	
Test	Status	Time

COMP Pass 8:35pm CAL Pass 8:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	3 Uncombe Instrument Location Byroombe Co. Jail
Instrument	t Serial No. <u>008798</u> <u>Asheville</u> , <u>10</u>
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	that on the
G S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 09/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:26pm 8:27pm
ACCY CHK	.08	8:27pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Company

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 1937 Test Date: 09/23/2010 Test Time: 8:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm
B.I.	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BUNCOMBE Instrument Location Buncombe Co. Jail
Instrument	Serial No. OO8697 Agneville, NC
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedure	at on the, day of, 20, 20, the forgoing preventive maintenances were performed on the instrument indicated above, in accordance with current regulations of the N.C. into the of Health and Human Services, and the instrument is functioning properly.
RANGE AS SEA	Alf o None 120 177

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 09/23/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002602 Exp Date: 01/26/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:25pm 8:26pm 8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:30pm
AIR BLK	.00	8:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 1138
Test Date: 09/23/2010 Test Time: 8:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:33pm
FLO	Pass	8:33pm
FC	Pass	8:33pm

Temperature Tests

Test	Status	Time
FCl	Pass	8:33pm
SRC	Pass	8:33pm
DET	Pass	8:33pm
BAR	Pass	8:33pm
BT	Pass	8:33pm

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:34pm
CAL	Pass	8:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	Idwell	Instrument Location	Caldwell	Co. Jail
Instrument Ser	rial No. <u>0087/9</u>		heroic	NC
		<u> </u>		
The preventive four months ar	e maintenance procedures for the Intore:	oximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		alcoholic breath sim	ulator thermometer shows
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath 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 ed every four months	fore expiration date, or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
procedures we	on the day of ere performed on the instrument indic f Health and Human Services, and the	ated above, in accorda	ince with current reg	g preventive maintenance ulations of the N.C.
ON MALD SASA	The state of the s	2.5 Contifuing Offi		Cartificate Number
	Signa	ture of Certifying Office	cial	Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 09/01/2010

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: 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	.00	11:05am 11:06am 11:07am 11:08am 11:08am 11:09am
SUB TEST		11:11am
AIR BLK	.00	11:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 679
Test Date: 09/01/2010 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:14am 11:14am
FLO FC	Pass Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am

CRC Tests

Test	Status	Time
COMP	Pass	11:15am
CAL	Pass	11:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	County	Instrument Location 357 MDB. LE LEW, T	5
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	Instrument Se	erial No <i>Q \rightarrow 8600</i>	~
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	•		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	S
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	2.	Verify instrument displays time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	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. I certify that on the	5.	Verify instrument accuracy;	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	8.	Print test record;	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and	
I certify that on the	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,	
100 OLAN VIDE - 100 OLAN VIDE	procedures w	vere performed on the instrument indicated above, in accordance with current regulations of the N.C.	b,
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: 674
Test Date: 09/25/2010 Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:07pm
rass Pass	11:07pm 11:07pm
	Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	11.07nm

Printer Tests

resc	Status	111116
PRNT	Pass	11:07pm

CRC Tests

Test	Status	Time
COMP	Pass	11:08pm
CAL	Pass	11:08pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/25/2010

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:40pm 10:41pm 10:42pm 10:42pm 10:44pm 10:45pm
SUB TEST	.00	10:47pm
AIR BLK	.00	10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	(Water Instrument Location Island MOBILE UNITED
Instrument Se	rial No
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 25 day of September, 20/0 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF TH	Non-line CAROLINA

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 461 Test Date: 09/25/2010 Test Time: 11:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:10pm 11:10pm 11:10pm 11:10pm 11:10pm

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:11pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/25/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:43pm 10:44pm 10:45pm 10:46pm 10:46pm
AIR BLK	.00	10:47pm
SUB TEST	.00	10:49pm
AIR BLK	.00	10:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location_	FAT MOBILEWIT
Instrument	Serial No. <u>20 5698</u>	ne	
The prevent		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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	pted;	
5.	Verify instrument accuracy	/S	
6.	When "PLEASE BLOW"	appears, collect breath sample	2;
7.	When "PLEASE BLOW"	appears, collect breath sample	a;
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, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
procedures	at on the 25 day of S	t indicated above, in accordar	the forgoing preventive maintenance nee with current regulations of the N.C. ing properly.
THE CORPAND OF THE PROPERTY OF	CAROLINA	lightennessen of the transfer	570 X 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: 559
Test Date: 09/25/2010 Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Printer Tests

Test	Statu	ıs Time	
PRNT	Pass	11:0	7pr
	CRC Tes	sts	

Test	Status	Time
COMP	Pass	11:07pm
CAL	Pass	11:07pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/25/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:42pm 10:43pm 10:43pm
AIR BLK	.00	10:44pm
SUB TEST	.00	10:45pm
AIR BLK	.00	10:46pm
SUB TEST	.00	10:48pm
ATR RIK	. 00	10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyet

化电影的 医神经炎

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON	Instrument Location	BAT MOBILE UNIT 3
Instrument S	Serial No. <u>008136</u>		BAT MOBILE UNIT 3 GASTONIA, NC
The preventi		Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canistoms 34 degrees, plus or minus .2	er displays pressure, or the a degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample	, ,
7.	When "PLEASE BLOW" ap	opears, collect breath sample	,
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before hanged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the <u>25</u> day of were performed on the instrument is of Health and Human Services, an	SEPT, 20_ indicated above, in accordance d the instrument is functioni	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
CREAT SE	E & AOUNC AROUNCE		
* ESSE QUAM	aleun	Ray Barnes ignature of Certifying Officia	648
	S	ignature of Certifying Offici	al Certificate Number

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008736 Test Date: 09/25/2010

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: 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	6:12pm 6:13pm 6:14pm 6:14pm 6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:17pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008736 Test Date: 09/25/2010 Test Record Number: 193 Test Time: 6:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:22pm
FLO	Pass	6:22pm
FC	Pass	6:22pm

Temperature Tests

Test Status Time	
FC1 Pass 6:22pm	
SRC Pass 6:22pt	
DET Pass 6:22pt	
BAR Pass 6:22pt	
BT Pass 6:22pt	m

Blank Tests

Test	Status	Time
AIR	Pass	6:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:23pm 6:23pm

Preventive Maintenance Status: Pass

alm Ray Bams Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

GASTON Instrument Location BAT MOBILE UNIT
GASTON Instrument Location BAT MOBILE UNIT erial No. 008707 GASTONIA, NC
ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
on the
Clum Ray Barres 648 Signature of Certifying Official Certificate Number

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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707 Test Date: 09/25/2010

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: 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	Pass .00 .08 .00 .00	6:11pm 6:12pm 6:12pm 6:13pm 6:14pm 6:15pm
SUB TEST	.00	6:16pm
	.00	· · · · · · · · · · · · · · · · · · ·
AIR BLK	.00	6:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Rey Benes

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707

Test Record Number: 674 Test Time: 6:19pm EDT

Test Date: 09/25/2010

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:20pm
FLO	Pass	6:20pm
FC	Pass	6:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:20pm
SRC	Pass	6:20pm
DET	Pass	6:20pm
BAR	Pass	6:20pm
BT	Pass	6:20pm

Blank Tests

Test	Status	Time
ATR	Pass	6.21pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm
	CRC Tests	
Test	Status	Time

COMP 6:21pm Pass CAL Pass 6:21pm

Preventive Maintenance Status: Pass

Ulu Ray Barres
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON	Instrument Location	BAT MOBI	LE UNIT 3
Instrument S	Serial No. <u>008647</u>		BAT MOBI GASTONIA,	NG
The preventi	ive maintenance procedures for the are:	e Intoximeters, Model Intox	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas canis: 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	lcoholic breath simulator	thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	•		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	appears, collect breath sample	;	
7.	When "PLEASE BLOW" a	appears, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before changed every four months o	ore expiration date, or the r after 125 Alcoholic Bre	alcoholic breath ath Simulator tests,
procedures	t on the	indicated above, in accordar	ice with current regulatio	entive maintenance ns of the N.C.
STAIL CORPATION OF THE	TE OF NORTH CAROLINA			
FISH QUAM	<u> </u>	Signature of Certifying Offic	ies	648
	S	Signature of Certifying Offic	ial Cert	ificate Number

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Date: 09/25/2010

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: 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 .00	6:12pm 6:13pm 6:13pm 6:14pm
SUB TEST	.00	6:15pm
AIR BLK SUB TEST		6:15pm 6:17pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Date: 09/25/2010 Test Record Number: 915
Test Time: 6:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:21pm
FLO	Pass	6:21pm
FC	Pass	6:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:21pm
SRC	Pass	6:21pm
DET	Pass	6:21pm
BAR	Pass	6:21pm
BT	Pass	6:21pm

Blank Tests

Test	Status	Time
ΔΤΡ	Dacc	6.22nm

Printer Tests

Test	Status	Time
PRNT	Pass	6:22pm
	CRC Tests	•
Test	Status	Time
COMP	Pass Pass	6:22pm 6:22pm

Preventive Maintenance Status: Pass

analyst Ray Bouns

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROWAN	Instrument Location_	BAT MO		
Instrument Se	rial No. <u>008736</u>	Colonia de Regiona de Carlos de Carl	CHINA (- ROVE	, NC
The preventiv	e maintenance procedures for the Ir	ntoximeters, Model Intox I	EC/IR II to be follow	ed at least once	every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic breath simul	ator thermomet	ter shows
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ears, collect breath sample	;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample	;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	i			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.				
	n the <u>J4</u> day of <u>SE</u> re performed on the instrument indi Health and Human Services, and the	icated above, in accordance		reventive main tions of the N.	itenance C.
THE COLM VIOLENCE OF THE PARTY	Olu Signa	Zay Barn ature of Certifying Officia	<u>es</u>	Lo 42 ertificate Num	

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008736 Test Date: 09/24/2010

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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	Pass .00 .07 .00 .00	10:57pm 10:58pm 10:59pm 10:59pm 11:00pm
SUB TEST	0 0	11:02pm
AIR BLK	.00	11:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008736 Test Date: 09/24/2010 Test Record Number: 188
Test Time: 11:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05pm
FLO	Pass	11:05pm
FC	Pass	11:05pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	11:06pm

Printer Tests

Status

Test

Time

PRNT	Pass	11:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06pm
CAL	Pass	11:06pm

Preventive Maintenance Status: Pass

alu Ra Bares
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROWAN	Instrument Location	BAT MO	BILE UNIT 3
Instrument Seria	1No. <u>008647</u>		CHINA	BILE UNIT 3 GROVE, NC
The preventive r	naintenance procedures for the I	toximeters, Model Intox E	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	coholic breath sim	ulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect breath sample;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.			
	the <u>24</u> day of <u>3</u> performed on the instrument ind lealth and Human Services, and t	icated above, in accordanc	e with current reg	g preventive maintenance ulations of the N.C.
OF THE STATE OF A STAT	Som Canound	Ο 4		/ .10°
OLAM ADE	- alun	Ry Bares ature of Certifying Officia	<u>></u>	Certificate Number
	Sign	ature or Certifying Othicia	A	Continuate nulliber

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647 Test Date: 09/24/2010

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: 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	11:21pm 11:22pm 11:23pm 11:24pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647 Test Date: 09/24/2010 Test Record Number: 912 Test Time: 11:29pm 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 SRC DET BAR	Pass Pass Pass	11:30pm 11:30pm 11:30pm
	Pass	11:30pm
BT	Pass	11:30pm

Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

Printer Tests

Τe	est	Status	Time
PF	TNS	Pass	11:31pm

CRC Tests

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

Preventive Maintenance Status: Pass

alm Zay Bans Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Serial No. <u>008134</u>		BAT MOBILE UNIT 3 KANNAPOLIS, NC
tive maintenance procedures for the I s are:	Intoximeters, Model Intox	EC/IR II to be followed at least once every
Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the agree centigrade;	alcoholic breath simulator thermometer shows
Verify instrument displays tim	ne and date;	
Initiate breath test sequence;		
Enter information as prompted	i;	
Verify instrument accuracy;		
When "PLEASE BLOW" app	pears, collect breath sample	e;
When "PLEASE BLOW" app	pears, collect breath sampl	e;
Print test record;		
Verify Diagnostic Program; a	nd	
Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed bef anged every four months o	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
ware performed on the instrument in	idicated above, in accorda	nce with current regulations of the N.C.
ATE ON NORTH CAROLINA ANY MODELLA ANY MODE	Ray Bame	ial Certificate Number
	Verify the ethanol gas canister 34 degrees, plus or minus .2 d Verify instrument displays tim Initiate breath test sequence; Enter information as prompted Verify instrument accuracy; When "PLEASE BLOW" apply When "PLEASE BLOW" apply Print test record; Verify Diagnostic Program; and Verify that the ethanol gas can simulator solution is being characteristics. All on the	Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample When "PLEASE BLOW" appears, collect breath sample Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months of whichever occurs first.

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008736 Test Date: 09/18/2010

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: 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	Pass	9:26pm 9:27pm
ACCY CHK	.07	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008736 Test Date: 09/18/2010 Test Record Number: 184
Test Time: 9:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:35pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREDELL	Instrument Location	BAT MOBILE UNIT 3
Instrument Se	erial No. <u>OO8136</u>		TROUTMAN, NC
The preventive four months a		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the a legree centigrade;	lcoholic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	;
7.	When "PLEASE BLOW" ap	pears, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before anged every four months of	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
	on the <u>17</u> day of <u>36</u> ere performed on the instrument in of Health and Human Services, and	ndicated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ing properly.
THE STATE OF THE S	CAROLINA CAR		
SE GIAM VI	_ alm	Kay Bano	648
	Qie.	manire of Lerituing Littici	ai Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008736 Test Date: 09/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:36pm 11:37pm 11:38pm 11:38pm 11:39pm 11:40pm
SUB TEST	. 0.0	11:41pm
AIR BLK	.00	11:42pm

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: 178

Test Date: 09/17/2010

Test Time: 11:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:44pm 11:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREDELL	Instrument Location_	BAT	MOBILE UNIT 3
Instrument 5	Serial No. <u>008707</u>		TRO	MOBILE UNIT 3 UTMAN, NC
The prevent	tive maintenance procedures for the l s are:	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 d	displays pressure, or the a egree centigrade;	ilcoholic brea	th simulator thermometer shows
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	simulator solution is being ch	nister is being changed bef anged every four months o	ore expiration or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
	whichever occurs first. at on the 17 day of 5 s were performed on the instrument in the of Health and Human Services, and	idicated above. In accorda	lice with con-	clit regulations of mir
S S S S S S S S S S S S S S S S S S S	CAROLL	Ray Barrignature of Certifying Office	cial cial	Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Date: 09/17/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:22pm 11:23pm
ACCY CHK	.08 .00	11:23pm 11:24pm
SUB TEST	.00	11:25pm
AIR BLK SUB TEST	.00 . 00	11:25pm 11:27pm
AIR BLK	.00	11:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707

Test Record Number: 665
Test Time: 11:28pm EDT

Test Date: 09/17/2010 Test Time: 11:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:28pm 11:28pm
FC	Pass	11:29pm

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	Time
AIR	Pass	11:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	_	ALIVIDI DIC		BAT MOR	SILE UNIT 3
County	TREDELL		Instrument Location		
Instrumen	t Serial No. <u>008(</u>	047		TROUTM	BILE UNIT 3
The preve four mont					
1.	Verify the ethan 34 degrees, plus	ol gas canister di or minus .2 degr	splays pressure, or the ee centigrade;	e alcoholic breath sim	ulator thermometer shows
2.	Verify instrume	nt displays time	and date;		
3.	Initiate breath to	est sequence;			
4.	Enter information	on as prompted;			
5.	Verify instrume	nt accuracy;			
6.	When "PLEAS	E BLOW" appea	ars, collect breath sam	ple;	
7.	When "PLEAS	E BLOW" appea	ars, collect breath sam	ple;	
8.	Print test record	l;			
9.		tic Program; and			
10.	Verify that the simulator solut whichever occur	ion is being chan	ster is being changed l ged every four month	pefore expiration date s or after 125 Alcoho	or the alcoholic breath lic Breath Simulator tests,
I certify procedu Departm	that on the	day of	EPT, icated above, in according the instrument is funct	dance with current rep	ng preventive maintenance gulations of the N.C.
CAREA GREAT SE	STATE OF NORTH	Ilu K	ay Barr	eo fficial	Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 09/17/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.08	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun 2g Bans Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 09/17/2010 Test Record Number: 895 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:40pm 9:40pm
FLO	Pass	9:40pm
FC	Pass	J. ±Opin

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:40pm 9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
\mathtt{BT}	Pass	9:40pm

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:41pm 9:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM	Instrument Location	BORD PLUE DEPTE
Instrument	t Serial No. <u>00 859/</u>	Pittesono No	
The prever		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic be .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	*
8.	Print test record;		» · · · · · · · · · · · · · · · · · · ·
9.	Verify Diagnostic Program	m; and	te,
10.		s canister is being changed before expirate changed every four months or after 125	
	s were performed on the instrume	SEPTEMBEQ, 20/0 the nt indicated above, in accordance with cu and the instrument is functioning properly	
O SIST THE GREAT STATES	TATE OF NOBLES CAROLINA (1975)	Side the of Control of Control	Certificate Number
	·	Signature of Certifying Official	Certificate Number

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Date: 09/10/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG011701 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:06pm 1:07pm 1:07pm 1:08pm 1:09pm 1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 663 Test Date: 09/10/2010 Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	'l'ıme	
AIR	Pass	1:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Baumswick Instrument L	ocation BAT MOSILEUM: + 6
Instrume	t Serial No. <u>OOBB98</u>	
The prefour mo	ntive maintenance procedures for the Intoximeters, Moons are:	del Intox EC/IR II to be followed at least once every
1	Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade;	e, or the 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 brea	th sample;
7	When "PLEASE BLOW" appears, collect brea	th sample;
8	Print test record;	
9	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being cha simulator solution is being changed every four whichever occurs first.	inged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
I certify procedu Departr	nat on the day of	, 20 / \(\triangle \) the forgoing preventive maintenance accordance with current regulations of the N.C. functioning properly.
GREAT SEA	TATE OF MORES	45/1
	Signature of Cortifu	ing Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 481 Test Date: 09/03/2010 Test Time: 5:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:35pm
FLO	Pass	5:35pm
FC	Pass	5:35pm

Temperature Tests

Test	Status	Time
	_	
FC1	Pass	5:35pm
SRC	Pass	5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

Blank Tests

Test	Status	Time
AIR	Pass	5:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm

CRC Tests

Test	Status	Time
COMP	Pass	5:36pm
CAL	Pass	5:36pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 09/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:24pm 5:25pm 5:26pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	5:27pm 5:28pm 5:29pm
SUB TEST AIR BLK	.00	5:31pm 5:31pm

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	BRUDSWICK Instrument Location BAT Mobile Unit
Instrume	ent Serial No. OOB939
The prev	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	that on the
CALLAND CAREATS CALLAND CALLAN	Signature of Certificial Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 425 Test Date: 09/03/2010 Test Time: 5:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:44pm
FLO	Pass	5:44pm
FC	Pass	5:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:44pm
SRC	Pass	5:44pm
DET	Pass	5:44pm
BAR	Pass	5:44pm
BT	Pass	5:44pm

Blank Tests

Test	Status	Time
AIR	Pass	5:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:45pm 5:45pm

Preventive Maintenance Status: Pass

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 09/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:26pm 5:27pm 5:27pm 5:28pm 5:29pm 5:29pm
SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

12. C. Short

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUINSWICK Instrument Location BAT Mobile Unite
Instrume	nt Serial No
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the day of, 20 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
MA GREAT SE	Signature of Certifying Official Certificate Number
	/ Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Record Number: 359 Test Date: 09/03/2010 Test Time: 5:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:43pm
FLO	Pass	5:43pm
FC	Pass	5:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:43pm
SRC	Pass	5:43pm
DET	Pass	5:43pm
BAR	Pass	5:43pm
BT	Pass	5:43pm

Blank Tests

Test	Status	Time
AIR	Pass	5:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:44pm 5:44pm

Preventive Maintenance Status: Pass

5:44pm

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 09/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	5:27pm 5:28pm 5:29pm 5:30pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County V	ew Hanover Instrument Location BAT Mobile unit 6
Instrument Se	erial No. <u>008898</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of day 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.
LYSE STATE OF STATE O	E ON NORTH CAROLINA COSI
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 487
Test Date: 09/05/2010 Test Time: 2:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:28pm
SRC	Pass	2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

Printer Tests

Test	Status	TTHE
PRNT	Pass	2:29pm
CI	RC Tests	

Test	Status	Time
COMP	Pass	2:29pm
CAL	Pass	2:29pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008898 Test Date: 09/05/2010

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: RHODES, KENNETH C
Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:07pm 2:08pm 2:09pm 2:10pm 2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	artered Instrument Location BAT Mobile ani+6
Instrument	Serial No. 068869 Morehead (ity
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every is 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
S S S S S S S S S S S S S S S S S S S	
	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 363 Test Date: 09/11/2010 Test Time: 8:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:42pm
FLO	Pass	8:42pm
FC	Pass	8:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:42pm
SRC	Pass	8:42pm
DET	Pass	8:42pm
BAR	Pass	8:42pm
BT	Pass	8:42pm

Blank Tests

Test	Status	Time
AIR	Pass	8:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:43pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:43pm
CAL	Pass	8 · 4 3 mm

Preventive Maintenance Status: Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 09/11/2010

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: 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	8:33pm
AIR BLK	.00	8:34pm
ACCY CHK	.08	8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm

Reported AC: 1.96 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Can	1 Instrument Location BAT Mobile Unit 6
Instrument Serial	No. 008939 Morelegal City
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 STATE OF AN AND SELECT OF THE STATE	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 431 Test Date: 09/11/2010 Test Time: 8:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:43pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:43pm

CRC Tests

Test	Status	Time	
COMP	Pass	8:44pm	
CAL	Pass	8:44pm	

Preventive Maintenance Status: Pass

K. C. Mock

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 09/11/2010

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: 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	8:33pm 8:34pm 8:35pm
AIR BLK	.00	8:36pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm
SUB TEST	.00	8:39pm
AIR BLK	.00	8:40pm

Reported AC: .00- g/210L

Signature of Chemical Analyst

Court CVR

F. C. Mode Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Cant	Instrument Location BAT Mobile Monitor
Instrum	ent Serial No.	008898 Morehead City
	ventive maintenance	enance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1		rify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show degrees, plus or minus .2 degree centigrade;
2	. Ver	rify instrument displays time and date;
3	. Init	tiate breath test sequence;
4	Ent	ter information as prompted;
5	i. Vei	rify instrument accuracy;
6	S. Wh	nen "PLEASE BLOW" appears, collect breath sample;
7	, Wh	nen "PLEASE BLOW" appears, collect breath sample;
8	3. Pri	nt test record;
g). Vei	rify Diagnostic Program; and
10	sim	rify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, ichever occurs first.
procedi	ures were perf	day of September, 20 the forgoing preventive maintenance formed on the instrument indicated above, in accordance with current regulations of the N.C. h and Human Services, and the instrument is functioning properly.
GREAT SEA	AND IZ. IT. SE QUAN VIDEN + SE QUAN VIDEN +	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 490 Test Date: 09/11/2010 Test Time: 8:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:44pm
SRC	Pass	8:44pm
DET	Pass	8:44pm
BAR	Pass	8:44pm
BT	Pass	8:44pm

Blank Tests

Test	Status	Time	
AIR	Pass	8:44pm	

Printer Tests

Test	Status	Time
PRNT	Pass	8:44pm

CRC Tests

Test	Status	Time
COMP	Pass	8:44pm
CAL	Pass	8:44pm

Preventive Maintenance Status: Pass

Mi C. Molle Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 09/11/2010

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: 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 .07	8:35pm 8:36pm 8:37pm 8:37pm
SUB TEST	.00	8:38pm
AIR BLK	.00	8:39pm
SUB TEST	.00	8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hourt	Instrument Location	1524 1816B.	he to be send, your thinks	
Instrumer	nt Serial No. <u>CO 8400</u>		Anderen		
The preve	entive maintenance procedures for the Int	toximeters, Model Intox I	EC/IR II to be followe	d at least once every	
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath simula	tor thermometer shows	
2.	Verify instrument displays time	Verify instrument displays time and date;			
3.	Initiate breath test sequence;	Initiate breath test sequence;			
4.	Enter information as prompted;	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appear	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 ged every four months or	re expiration date, or after 125 Alcoholic E	the alcoholic breath Breath Simulator tests,	
procedure	that on the day of es were performed on the instrument indi ent of Health and Human Services, and th	icated above, in accordan	ce with current regular	reventive maintenance tions of the N.C.	
STATE OREA SE	STATE ON OUR TO A TO	ature of Certifying Offici	a C	SSC ertificate Number	

HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008600 Test Record Number: 664 Test Date: 09/11/2010 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:41pm 10:41pm
FC	Pass	10:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

rest	Status	TIME
PRNT	Pass	10:41pm

CRC Tests

Test	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008600 Test Date: 09/11/2010

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008698 Test Record Number: 554
Test Date: 09/11/2010 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41pm
FLO	Pass	10:41pm
FC	Pass	10:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:41pm
SRC	Pass	10:41pm
DET	Pass	10:41pm
BAR	Pass	10:41pm
BT	Pass	10:41pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm

CRC Tests

Test	Status	Time
COMP	Pass	10:42pm
CAL	Pass	10:42pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008698 Test Date: 09/11/2010

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: 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	10:30pm
AIR BLK	.00	10:31pm
ACCY CHK	.08	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:35pm
ATR BLK	. 0.0	10:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hannett Instrument Location BATINGS, LE Comit
Instrumen	Serial No
The preve four mont	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on theday of
GREAT ST	TATE OF NO. 120. 177 NO. 120. 1

HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008788 Test Record Number: 453 Test Date: 09/11/2010 Test Time: 10:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:46pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY BAT MOBILE UNIT 5 420

Serial Number: 008788 Test Date: 09/11/2010

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: 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	10:31pm 10:32pm 10:32pm 10:33pm 10:34pm
AIR BLK	.00	10:35pm
SUB TEST AIR BLK	.00	10:36pm 10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County w	Instrument Location BAT MUBIC LATE
Instrument Serial	No. 008600 Zeon Lon
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he / C day of Sep 76-136-1, 20/10 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
O MAN 20, 1775 MAN	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 661 Test Date: 09/10/2010 Test Time: 8:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:09pm
FLO	Pass	8:09pm
FC	Pass	8:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:09pm
SRC	Pass	8:09pm
DET	Pass	8:09pm
BAR	Pass	8:09pm
BT	Pass	8:09pm

Blank Tests

Test	Status	Time
AIR	Pass	8:10pm

Printer Tests

Test	Status	Time	
PRNT	Pass	8:10pm	
	CRC Tests		

Test	Status	Time
COMP	Pass	8:10pm
CAL	Pass	8:10pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/10/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

rest	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:59pm 7:59pm 8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:07pm
AIR BLK	.00	8:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	inster	Instrument Location 3	of heredite bring 53
Instrument	: Serial No. <u>L & Flo. 98</u>		The house
The prever		or the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas co 34 degrees, plus or minu	anister displays pressure, or the alcoholius .2 degree centigrade;	ic breath simulator thermometer shows
2.	Verify instrument displa	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur-	racy;	
6.	When "PLEASE BLOW	V" appears, collect breath sample;	
7.	When "PLEASE BLOW	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	ram; and	
10.		gas canister is being changed before exp ing changed every four months or after	
I certify th procedures Departmen	at on the day of s were performed on the instrum nt of Health and Human Service	nent indicated above, in accordance with es, and the instrument is functioning pro	the forgoing preventive maintenance a current regulations of the N.C. perly.
LIS 317 OC SERVICE OF THE CONTRACT OF THE CONT	ATE OF NORTH CAROLINA ANY VOEW AND VOEW	ECC C. May	2 <u>636</u>
		Signature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 551

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:18pm
FLO	Pass	8:18pm
FC	Pass	8:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time
AIR	Pass	8:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:19pm 8:19pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/10/2010

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

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

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

Analyst's Name: 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	8:01pm
AIR BLK	.00	8:02pm
ACCY CHK	.08	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

a 4	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
County Instrumen	MECKLENGURG Instrument Location BAT MOBILE UNIT 3 CHARLOTTE, NC CHARLOTTE, NC
The prevenue four mon	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	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	that on theday ofSEPT, 20ID the forgoing preventive maintenance ares were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
CREAT SE	STATE ON TO 1777 NOTE OF THE PARTY OF THE PA

MECKLENBURG COUNTY BAT MOBILE UNIT 3

Serial Number: 008736 Test Date: 09/09/2010

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	Pass	11:44pm 11:45pm
ACCY CHK	.07	11:45pm
AIR BLK SUB TEST	.00 .00	11:46pm 11:46pm
AIR BLK	.00	11:47pm
SUB TEST	0.0	11:49pm
AIR BLK	.00	11:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008736 Test Record Number: 170
Test Date: 09/09/2010 Test Time: 11:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50pm
FLO	Pass	11:50pm
FC	Pass	11:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:50pm
SRC	Pass	11:50pm
DET	Pass	11:50pm
BAR	Pass	11:50pm
BT	Pass	11:50pm

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

Test

PRNT	Pass	11:51pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	11:51pm
CAL	Pass	11:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	NECKLENBURG Instrument Location BAT M.	OBILE UNIT 3
Instrument Se	TECKLENBURG Instrument Location BAT M. CHAR.	LOTTE, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that procedures v Department	on the	going preventive maintenance t regulations of the N.C.
SEE GRAM	Olin Ray Baires Signature of Certifying Official	648 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 09/09/2010

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	11:38pm 11:39pm 11:40pm 11:41pm 11:41pm
AIR BLK	.00	11:42pm
SUB TEST	.00	11:43pm
AIR BLK	.00	11:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olm Ray Bans

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 09/09/2010 Test Record Number: 652 Test Time: 11:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45pm
FLO	Pass	11:45pm
FC	Pass	11:45pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:45pm 11:45pm 11:45pm 11:45pm 11:45pm

Blank Tests

Test	Status	Time
AIR	Pass	11:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:46pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	11:46pm 11:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Μ		ETERS, MODEL IN	BATMOBILE UNIT 3
	ECKLENBURG	Instrument Eccanor	CHARLOTTE, NC
Instrument Seri	1 No. <u>0086</u> 4	+ 7	CHATTEE
The preventive four months are	:		ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	anister displays pressure, or thus .2 degree centigrade;	e alcoholic breath simulator thermometer shows
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test sequ	ence;	
4.	Enter information as pr	ompted;	
5.	Verify instrument accu		1
6.		W" appears, collect breath san	
7.		W" appears, collect breath san	npie,
8.	Print test record;		
9.	Verify Diagnostic Prog		before expiration date, or the alcoholic breath
10.	simulator solution is be whichever occurs first	eing changed every four mond.	
		SEPT ument indicated above, in accordances, and the instrument is func	20 10 the forgoing preventive maintenance rdance with current regulations of the N.C. tioning properly.
STATE OF THE STATE	CARO	1 Zan A	mes 648
STATE OF THE PARTY	<u>(</u>	Signature of Certifying C	Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

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

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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:36pm 11:37pm 11:38pm 11:39pm 11:39pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:41pm
AIR BLK	.00	11:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 09/09/2010 Test Record Number: 876 Test Time: 11:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:44pm

AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	11:44pm

CRC Tests

Test	Status	Time
COMP	Pass	11:44pm
CAL	Pass	11:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location	BAT MOBILE	
Instrument	Serial No. <u>008707</u>		HARRIBBURG	,۵۷
The preven	tive maintenance procedures for the s are:	Intoximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		lcoholic breath simulator t	nermometer show
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	•	
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.			
I certify that procedures Departmen	were performed on the instrument into f Health and Human Services, and	GEPT , 20 dicated above, in accordant the instrument is functioni	the forgoing prever ce with current regulations ng properly.	tive maintenance of the N.C.
THE CREATE OF TH	SE CON CONTROLLED TO THE CONTROLLED THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROLL	Day Barner	·	o48
	Sig	Ray Barres gnature of Certifying Official	al Certifi	cate Number

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 09/11/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alum Ray Bames

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707

Test Record Number: 661

Test Date: 09/11/2010

Test Time: 6:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:51pm
FLO	Pass	6:51pm
FC	Pass	6:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:52pm
SRC	Pass	6:52pm
DET	Pass	6:52pm
BAR	Pass	6:52pm
BT	Pass	6:52pm

Blank Tests

Test	Status	Time
AIR	Pass	6:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:52pm

CRC Tests

Test	Status	Time
COMP	Pass	6:52pm
CAL	Pass	6:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location	BAT MOBILE UNIT 3
Instrument Se	rial No. <u>008647</u>		BAT MOBILE UNIT 3 HARRISBURG, NC
The preventive four months a		Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the all egree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ł;	
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 cha whichever occurs first.	nister is being changed befo anged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that of procedures w Department of	on the day of	SEPT , 20 Andicated above, in accordance the instrument is functioning	the forgoing preventive maintenance e with current regulations of the N.C. ng properly.
THE LEGISLATION OF THE PARTY OF	CAROLIN CAROLI	0 1	1 110
Managana	<u> </u>	Ray Barnes gnature of Certifying Officia	Left Certificate Number
	១រដូ	, ~ . ~ ~	

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 09/11/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:39pm
AIR BLK	.00	6:40pm
ACCY CHK	.08	6:41pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm
SUB TEST	.00	6:45pm
ATR BLK	0.0	6:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alum Ray Bans Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 09/11/2010

Test Record Number: 888 Test Time: 6:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:50pm
FLO	Pass	6:50pm
FC	Pass	6:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:50pm
SRC	Pass	6:50pm
DET	Pass	6:50pm
BAR	Pass	6:50pm
BT	Pass	6:50pm

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	6.51pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:51pm
	CRC Tests	
Test	Status	Time

COMP 6:51pm Pass CAL Pass 6:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OPANKE	Instrument Location	Hills BORWKH P.D.
Instrument	Serial No. <u>OO8799</u>	127 N. CHUROU	1 St. HILLSBORUCH IN
The preven four month	•	the Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus		olic 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 Program	n; and	
10.			epiration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on the day of were performed on the instrument t of Health and Human Services,	EPTEMBER, 20 10 ti indicated above, in accordance wi and the instrument is functioning pr	_ the forgoing preventive maintenance th current regulations of the N.C. operly.
STORY OF STATE OF STA	WIE O NO ON THE CAROLINA MYSTAR AND THE CAROLINA MYSTA		653
	Marine and American	Signature of Certifying Official	Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 09/10/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:11am 10:12am 10:13am 10:14am 10:14am 10:15am
SUB TEST AIR BLK	.00	10:17am 10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 652 Test Date: 09/10/2010 Test Time: 10:20am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:20am
SRC	Pass	10:20am
DET	Pass	10:20am
BAR	Pass	10:20am
BT	Pass	10:20am

Blank Tests

Test	Status	Time
AIR	Pass	10:21am

Printer Tests

Test	Status	Time
PRNT		10:21am

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAXE	Instrument Location	APEX	YSS #4	
Instrument	Serial No. <u>00869\</u>	1615 E U	Allians ST	APEX	<u> </u>
The preven	tive maintenance procedures for t s are:	he Intoximeters, Model Intox I	EC/IR II to be follo	owed at least once	every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the a	lcoholic breath sin	nulator thermome	ter shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequenc	e;			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy	<i>'</i> ;			
6.	When "PLEASE BLOW"	appears, collect breath sample	;		
7.	When "PLEASE BLOW"	appears, collect breath sample	,		
8.	Print test record;				
9.	Verify Diagnostic Program	a; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or	ore expiration date after 125 Alcoho	, or the alcoholic lic Breath Simula	breath tor tests,
procedures Departmen	at on the day of s were performed on the instrument of Health and Human Services,	t indicated above, in accordan and the instrument is functioning	ce with current re	ng preventive mai gulations of the N	ntenance .C.
* tota ou	12, TO AM VIOLEN X	A QAMZY) al	652 Certificate Nur	mber

APEX PD WAKE COUNTY
Serial Number: 008621

Test Date: 09/07/2010 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: AG016501 Exp Date: 06/14/2012

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

APEX PD WAKE COUNTY

Serial Number: 008621 Test Record Number: 582 Test Date: 09/07/2010 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC.	Pass	12:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm

CRC Tests

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	FRANKLIN	Instrument Location_	BAT INOBILE	Land , you the 5
Instrume	nt Serial No		FRANKLINTO	2)
The prev	entive maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		decoholic breath simulator	thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	·,	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	2,	
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.			
procedur Departm	that on theday ofes were performed on the instrument ind ent of Health and Human Services, and the state of the state o	icated above, in accordan	ice with current regulation	ntive maintenance s of the N.C.
40000	10	46.716	7 P 2000	636
	Sign	ature of Certifying Office	ial Certi:	ficate Number

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008600 Test Record Number: 658
Test Date: 09/03/2010 Test Time: 10:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:48pm
FLO	Pass	10:48pm
FC	Pass	10:48pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:49pm

CRC Tests

Test	Status	Time
COMP	Pass	10:49pm
CAL	Pass	10:49pm

Preventive Maintenance Status: Pass

Analyst

FRANKLIN COUNTY BAT MOBILE UNIT 5 340

Serial Number: 008600 Test Date: 09/03/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	10:37pm 10:38pm 10:39pm 10:40pm 10:41pm
AIR BLK	.00	10:41pm
SUB TEST	.00	10:43pm
AIR BLK	.00	10:44pm

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

Analyst

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	•	_		
Instrumen	t Serial No. <u>0086 47</u>		BURLINGTON, NC	
·····				
The preve		ntoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator thermometer show	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample	· •	
7.	When "PLEASE BLOW" appe	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,	
procedures	at on the <u>04</u> day of <u>56</u> were performed on the instrument ind at of Health and Human Services, and the	icated above, in accordan	the forgoing preventive maintenance with current regulations of the N.C. ing properly.	
THE GREAT SECTION OF S	ATE OF NORTH CARD	Zery Barres	a Certificate Number	

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

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Date: 09/04/2010

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647

Test Record Number: 873

Test Date: 09/04/2010

Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	TIME
PRNT	Pass	10:34pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Alamance	Instrument Location	BAT MOBILE UNIT 3
Instrument	Serial No. 008707		BAT MOBILE UNIT 3 BURLINGTON, NC
The preven	ntive maintenance procedures for the Intox is are:	imeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		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 canister simulator solution is being change whichever occurs first.	is being changed before the series of the se	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify th procedures Departmen	at on the <u>O4</u> day of <u>SEP</u> s were performed on the instrument indicate of Health and Human Services, and the instrument of Health and Human Services of Health and Healt	ed above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ag properly.
THE COREATOR	Clum Signatu	Ray Barre of Certifying Official	es 648 Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008707 Test Date: 09/04/2010

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: 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	Pass .00 .08	10:26pm 10:27pm 10:27pm
ACCY CHK	.00	10:28pm
SUB TEST AIR BLK	.00 .00	10:29pm 10:29pm
SUB TEST	.00	10:31pm
ATR BLK	.00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ilm Ray Bons

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008707 Test Date: 09/04/2010 Test Record Number: 649
Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time

AIR Pass 10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10·34pm

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	erial No. <u>608616</u>		BAT MOBILE UNIT 3 GREENSBORD, NC
The preventi four months		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the a egree centigrade;	lcoholic breath simulator thermometer shows
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	3;
8.	Print test record;		
9.	Verify Diagnostic Program; and	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed befanged every four months o	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
procedures	on the <u>03</u> day of <u>5</u> were performed on the instrument in of Health and Human Services, and	idicated above, in accordar	the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
STA	S C C C C C C C C C C C C C C C C C C C	- Ray Ba	<u>48</u>
		gnature of Certifying Offic	ial Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 09/03/2010

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:08pm 10:09pm 10:10pm 10:11pm 10:12pm 10:13pm 10:14pm 10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616

Test Record Number: 949

Test Date: 09/03/2010

Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Status	Time
Pass	10:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:17pm
	CRC Tests	3
		1

Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location BAT	MOBILE U	UIT 3
Instrument Se	nt Serial No. <u>008647</u> GR	ENSBORO, NO	•
The preventive four months a	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II t	o be followed at least once	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermomete	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;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic b Alcoholic Breath Simulate	reath or tests,
procedures v	es were performed on the instrument indicated above, in accordance with cent of Health and Human Services, and the instrument is functioning proper	e forgoing preventive main urrent regulations of the N.C	tenance C.
ARE EL OLIM	Quay Moss & Barnes	648	

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 09/03/2010

Citation Number: M0000000-0 Subject's Name:

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	9:52pm 9:53pm 9:54pm 9:54pm 9:55pm 9:56pm 9:57pm 9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Bams
Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 09/03/2010 Test Record Number: 868
Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:59pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

Status

Test

CAL

Time

10:00pm

PRNT	Pass	10:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:00pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location	BAT MOBILE	UNIT 3
Instrument Seria	ul No. <u>008707</u>		BAT MOBILE GREENSBORE	ع مر د
The preventive four months are	maintenance procedures for the Ir	ntoximeters, Model Intox EC/	/IR II to be followed at lea	ast once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		holic breath simulator the	rmometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before nged every four months or af	expiration date, or the alc ter 125 Alcoholic Breath	oholic breath Simulator tests,
I certify that on procedures were Department of I	the <u>03</u> day of <u>5E</u> e performed on the instrument ind Health and Human Services, and t	licated above, in accordance	the forgoing preventi with current regulations o properly.	ve maintenance f the N.C.
+ COSE QUAN VIOLEN	<u>Alem</u>	Ray Barnes nature of Certifying Official	Certifica	48 ate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 09/03/2010

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

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

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

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

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

Lot Number: 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	9:44pm 9:45pm 9:46pm 9:46pm 9:47pm 9:48pm 9:49pm
AIR BLK	.00	9:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alen Ray Bene

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 09/03/2010 Test Record Number: 644
Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:51pm 9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FCl	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm

CRC Tests

Test	Status	Time
COMP	Pass	9:52pm
CAL	Pass	9:52pm

Preventive Maintenance Status: Pass

Ilun Ray Bens Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ /	1ECKLENBURG Instrumen	t Location13AT MOBILE UNIT 3
Instrument So	erial No. <u>008616</u>	CHARLOTTE, NC
The preventive four months a		Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrac	sure, or the alcoholic breath simulator thermometer shows le;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect be	reath sample;
7.	When "PLEASE BLOW" appears, collect be	reath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.	changed before expiration date, or the alcoholic breath ur months or after 125 Alcoholic Breath Simulator tests,
procedures w	on the <u>OZ</u> day of <u>SERT</u> were performed on the instrument indicated above, of Health and Human Services, and the instrument	, 20 10 the forgoing preventive maintenance in accordance with current regulations of the N.C. is functioning properly.
APRIL 12. TI	Clu Ray /	Screen 648 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 09/02/2010

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 943
Test Date: 09/02/2010 Test Time: 11:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45pm
FLO	Pass	11:45pm
FC	Pass	11:46pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46pm

Printer Tests

Test

PRNT	Pass	11:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:47pm 11:47pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrumen	Serial No. 008647 CHARLOTTE, NC
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.
procedure	nat on the day of
CONTRACTOR OF STATE O	ATE ON NORTH
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 09/02/2010

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test.	g/210L	Time
DIAG	Pass	11:36pm
AIR BLK	.00	11:37pm
ACCY CHK	.08	11:37pm
AIR BLK	.00	11:38pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:40pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Test Date: 09/02/2010 Test Time:

Test Record Number: 861
Test Time: 11:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:45pm

CRC Tests

Test	Status	Time
COMP	Pass	11:45pm
CAL	Pass	11:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location BAT CHA	MOBILE UNIT
Instrument	Serial No. <u>008707</u>	CHA	RLOTTE, NC
The preven four month	ntive maintenance procedures for the Interest is are:	oximeters, Model Intox EC/IR II to I	pe followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic bre ree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expiration ged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures	at on the Od day of SE, swere performed on the instrument indint of Health and Human Services, and the	cated above, in accordance with curr	ent regulations of the N.C.
To see the see that the see tha	ATE ON NO PLEASE OF THE CARD	Ray Bours	<u>648</u>
	Sign	ature of dertifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 09/02/2010

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:32pm
AIR BLK	.00	11:33pm
ACCY CHK	.08	11:33pm
AIR BLK	.00	11:34pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:37pm
AIR BLK	.00	11:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 636

Test Date: 09/02/2010

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:39pm 11:39pm 11:39pm 11:39pm 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	ONSLOW Instrument Location JACKSONUILLE A.D.
Instrumen	Serial No. 008819
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
i .	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.
I certify the procedure Department	at on the
CONSTRUCTION OF THE CORE AT TH	
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008819 Test Date: 09/23/2010

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

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

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

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

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Kang E Hall
Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008819 Test Date: 09/23/2010 Test Record Number: 213
Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:35am

Printer Tests

Test

CAL

PRNT	Pass	10:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:36am

Status

Time

10:36am

Preventive Maintenance Status: Pass

Pass

Analyst