PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PENDER	Instrument Location / ENDER County
Instrument S	Serial No. <u>8948</u>	Shanks Dept ANNEX
The prevent four months		e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays ti	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompt	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	ppears, collect breath sample;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.		anister is being changed before expiration date, or the alcoholic breath hanged every four months 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, an	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
ONE STAI ONE	S A ROOM	Hary Punia 634

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

Signature of Certifying Official

Certificate Number

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Date: 07/30/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	3:24pm 3:26pm
ACCY CHK AIR BLK	.07 .00	3:26pm 3:27pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:32pm
AIR BLK	.00	3:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948 Test Record Number: 205
Test Date: 07/30/2009 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:35pm
FLO	Pass	3:35pm
FC	Pass	3:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:35pm
SRC	Pass	3:35pm
DET	Pass	3:35pm
BAR	Pass	3:35pm
BT	Pass	3:35pm

Blank Tests

Test	Status	Time
AIR	Pass	3:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:36pm

Preventive Maintenance Status: Pass

Pass

CAL

3:36pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Columbus	Instrument Location	Columbus County
Instrument S	Serial No. <u>8836</u>		Sherly Dept
The prevent four months		Intoximeters, Model Intox E	CC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		coholic breath simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		ndicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE CARE OF THE STATE OF THE ST	CAR	Lany Rine	4a 630/

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

Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 07/30/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:47pm 1:48pm 1:48pm 1:49pm 1:50pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 211
Test Date: 07/30/2009 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

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

Pass

Pass

1:57pm

1:57pm

Preventive Maintenance Status: Pass

COMP

CAL

inalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Columbus	Instrument Location_	Cokumbus	County
Instrument Se	erial No		Sheritto	Dept.
The preventive four months a	ve 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		ulcoholic breath simulator	thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
	on theday ofday ofday ofday ofday ofday ofday ofday of Health and Human Services, and the	cated above, in accordan		ntive maintenance s of the N.C.
THE STATE OF THE S				63/

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 07/30/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:44pm 1:45pm 1:45pm
AIR BLK SUB TEST	.00	1:45pm 1:46pm
AIR BLK SUB TEST	.00	1:49pm 1:50pm
AIR BLK	.00	1:51pm

Reported AC:

,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Test Record Number: 228 Serial Number: 008875 Test Date: 07/30/2009 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

Blank Tests

Test	Status	Time
ATR	Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:54pm 1:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

County 5	LADEN Instrument Location BLADEN COUNTY
Instrument Seria	INO. 8818 Shells Dept
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	he 30 day of , 20 9 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.
TO THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 07/30/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:29pm 12:30pm
ACCY CHK AIR BLK	.07	12:30pm 12:31pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm
SUB TEST	.00	12:35pm
ATR BLK	. 00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Test Record Number: 235 Serial Number: 008818 Test Time: 12:38pm EDT Test Date: 07/30/2009

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:39pm
SRC	Pass	12:39pm
DET	Pass	12:39pm
BAR	Pass	12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:39pm 12:39pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BLADEN	Instrument Location BLAD	EN County
Instrument S	erial No	Sherile	Le Depl.
The preventi four months	-	Intoximeters, 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 egree centigrade;	simulator thermometer shows
2.	Verify instrument displays tim	ne 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	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	ad	
10.		ister is being changed before expiration da inged every four months or after 125 Alcoh	
	ere performed on the instrument inc	dicated above, in accordance with current in the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
STATE STATE OF THE	En Ch	Hard Lilla Mature of Certifying Official	Certificate Number

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 07/30/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:29pm 12:30pm 12:30pm 12:31pm 12:32pm 12:33pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BLADEN COUNTY BLADEN COUNTY SD 080

Test Record Number: 140 Serial Number: 008894 Test Date: 07/30/2009 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:37pm
SRC	Pass	12:37pm
DET	Pass	12:37pm
BAR	Pass	12:37pm
BT	Pass	12:37pm

Blank Tests

Test	Status	Time
AIR	Pass	12:38pm

Printer Tests

Test

COMP

CAL

PRNT	Pass	12:38pm
	CRC Tests	
Test	Status	Time

Status

Time

12:38pm 12:38pm

Pass Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	2		TERS, MODEL INTOX EC/16	gent.
County	Phun	ISWICK	Instrument Location <u>Addition</u>	wick County
Instrument	Serial No	8901	_ Siente	<u> </u>
The preven		ance procedures for	the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.			nister displays pressure, or the alcoholic breath .2 degree centigrade;	simulator thermometer shows
2.	Verify	y instrument displays	s time and date;	
3.	Initiat	e breath test sequence	ce;	
4.	Enter	information as prom	npted;	
5.	Verify	/ instrument accurac	y;	
6.	When	"PLEASE BLOW"	appears, collect breath sample;	
7.	When	"PLEASE BLOW"	appears, collect breath sample;	
8.	Print t	test record;		
9.	Verify	/ Diagnostic Program	n; and	
10.	simula	that the ethanol gas ator solution is being ever occurs first.	s canister is being changed before expiration of g changed every four months or after 125 Alcoholders	ate, or the alcoholic breath bholic Breath Simulator tests,
procedures	were perform	ned on the instrumer	nt indicated above, in accordance with current and the instrument is functioning properly.	going preventive maintenance regulations of the N.C.
THE GREAT SECTION OF S	ATE OF NORTH CAROLLING MYDEN		MACOUNT TO Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008901 Test Date: 07/16/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	4:53pm
AIR BLK	.00	4:54pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008901 Test Record Number: 40 Test Date: 07/16/2009 Test Time: 5:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tran	sylvania Instrument Location Transylvania Co. Jail
Instrument Serial	No. 008609 Brevard, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 27 day of July , 20 09 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO STATE	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 07/29/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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 .00	1:23pm 1:23pm 1:24pm 1:25pm 1:25pm 1:26pm
SUB TEST AIR BLK	.00	1:28pm
WIK DUV	.00	1.200

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 198
Test Date: 07/29/2009 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:30pm
FLO	Pass	1:30pm
FC	Pass	1:30pm

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	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:31pm 1:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Tran	sylvania Instrument Location Transylvania Co. Jail
Instrument Seria	INO. 008820 Brevard, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 29 day of Jc.//, ,2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE ON NOTICE OF THE STATE OF	Signature of Certifying Official Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 07/29/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	1:21pm 1:22pm 1:23pm 1:23pm
SUB TEST	.00	1:24pm
AIR BLK SUB TEST	.00 .00	1:25pm 1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 229
Test Date: 07/29/2009 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
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 50	vain Instrument Location Cherokee PD.		
Instrument Seria	Instrument Location Cherokee P.D. al No. 008782 Cherokee, NC		
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
I certify that on procedures were Department of I	the / / day of / day		
O'THE STATE OF WAY TO 1772	Signature of Certifying Official Certificate Number		

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 07/17/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	10:33am 10:34am 10:34am 10:35am
AIR BLK	.00	10:36am
SUB TEST ATR BLK	.00 .00	10:38am 10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Omif R. Cuth

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 241
Test Date: 07/17/2009 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:40am
FLO	Pass	10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:41am

Pass 10:41am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Cla	Y Instrument Location Clay Co. Jail
Instrume	ent Serial	No. 008608 Hayesville, NC
	ventive 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	j.	When "PLEASE BLOW" appears, collect breath sample;
7	·.	When "PLEASE BLOW" appears, collect breath sample;
8	i.	Print test record;
9) <u>.</u>	Verify Diagnostic Program; and
10.		Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedu Departn	that on the that the tree to the tree to the tree to the tree tree tree tree tree tree tree	day of
COREAL SELECTION OF THE CONTRACT SELECTION O	A STATE OF NO.	Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 07/15/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

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	1:11pm
AIR BLK	.00	1:12pm
ACCY CHK	.08	1:13pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
ATR BLK	. 00	1:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 616
Test Date: 07/15/2009 Test Time: 1:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:19pm
SRC	Pass	1:19pm
DET	Pass	1:19pm
BAR	Pass	1:19pm
BT	Pass	1:19pm

Blank Tests

Test	Status	Time
AIR	Pass	1:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:20pm 1:20pm

Preventive Maintenance Status: Pass

Dan R. Cuthan

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gr	sham Instrument Location Graham Co. S.D.
Instrument Seria	INO. 008683 Robbinsville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 14 day of 3ca/y, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. tealth and Human Services, and the instrument is functioning properly.
THE STATE OF ALL THE ST	Signature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683 Test Date: 07/14/2009

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:

12/01/2007-12/01/2009

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	10:43am
AIR BLK	.00	10:43am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
ATR BIK	0.0	10:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683 Test Record Number: 514
Test Date: 07/14/2009 Test Time: 10:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:50am 10:50am 10:50am
BAR	Pass	10:50am
BT	Pass	10:50am

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:51am

Preventive Maintenance Status: Pass

Pass

10:51am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //a	ywood	Instrument Location <u>f-/ay</u>	wood Co. Jail
Instrument Ser	ial No. <u>(2087/4</u>	Waynesville, n	/c
The preventive four months ar	maintenance procedures for the Inte:	toximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that or procedures wer Department of	the	cated above, in accordance with a instrument is functioning proper	he forgoing preventive maintenance current regulations of the N.C. erly.
AND STATE OF THE S	Noghin CAROUM CAROUM	R. Cuth	635
		ture of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 07/13/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	12:15pm 12:16pm 12:17pm 12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 312 Test Date: 07/13/2009 Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test

CAL

PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
СОМР	Pass	12:24pm

Status

Time

12:24pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 598
Test Date: 07/13/2009 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:07pm 12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ja	ackson	Instrument Location	leson Co Jail
Instrument Ser	rial No. <u>008708</u>	Sylva, NC	
The preventive four months ar	·	: Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		breath simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		unister is being changed before expir nanged every four months or after 12	
I certify that or procedures wer Department of	n the day of re performed on the instrument i Health and Human Services, and	Tay, ,20 <u>09</u> t ndicated above, in accordance with a d the instrument is functioning prope	he forgoing preventive maintenance current regulations of the N.C. erly.
THE QUANTUM OF THE COMPANY OF THE CO		gnature of Certifying Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 07/07/2009

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

Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722702 Exp Date: 08/14/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 341
Test Date: 07/07/2009 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18am

11:18am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cal	Instrument Location Caharrys Co. S. D.		
-	1No. 008635 30 Cortan Ave. S.E., Concord 704-920-3000		
The preventive m	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the day of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.		
TO THE STATE OF N. OF THE STATE OF THE	Brear C. William 557		
	Signature of Certifying Official Certificate Number		

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 07/01/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	11:59am
SUB TEST	.00	12:01pm
ATR BLK	.00	12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 1312 Test Date: 07/01/2009 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
FC	Pass	12:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
\mathtt{BT}	Pass	12:04pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

.5	INTOAMETE	RS, MODEL INTOX EC/IR	***
County ()	tawba	Instrument Location Hickor	y P. D.
Instrument Seria	11 No. <u>008841</u>	347 2nd Ave. 5W, 828-324-2060	Hickory
The preventive r four months are:		atoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath sigree 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" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.		ster is being changed before expiration dat ged every four months or after 125 Alcohological states and the states are states as a second state are states as a secon	
	performed on the instrument indi	the forgoing properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF N. 120 THE ST	Signa	ature of Certifying Official	557 Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 07/06/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis
Analyst

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 391 Test Date: 07/06/2009 Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:12am

Preventive Maintenance Status: Pass

Pass

10:12am

 \mathtt{CAL}

Bolly D. Willis

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Ca-	tawba	Instrument Location Catawba a	ounty SD
Instrument Serie	al No. <u>008687</u>	100 B Southwest Blvd, 828-464-5241	Newton
The preventive four months are	-	oximeters, Model Intox EC/IR II to be followed	owed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath sin	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 breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date, ged every four months or after 125 Alcohol	
I certify that on procedures were Department of I	the <u>leth</u> day of <u>July</u> e performed on the instrument indic Tealth and Human Services, and the	, 20 <u>a</u> the forgoin cated above, in accordance with current reg e instrument is functioning properly.	g preventive maintenance ulations of the N.C.
THE STATE OF A THE ST	Sept Signal	ture of Certifying Official	(50) Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 07/06/2009

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

Subject'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:

12/01/2007-12/01/2009

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

Lot Number: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	10:21am
AIR BLK	.00	10:22am
ACCY CHK	.07	10:23am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 568
Test Date: 07/06/2009 Test Time: 10:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:29am

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
DET	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:30am 10:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Ca</u>	tawba	Instrument Location Catawba (ounty SD
Instrument Seria	al No. <u>008821</u>	100 B Southwest Blvd 828-464-5241	Newton
The preventive r		cimeters, Model Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath sire centigrade;	nulator 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.		r is being changed before expiration date d every four months or after 125 Alcoho	
procedures were	the <u>6th</u> day of <u>July</u> e performed on the instrument indicat Health and Human Services, and the i	, 20 <u>09</u> the forgoing ted above, in accordance with current reginstrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF A STATE O	Signatur	re of Certifying Official	650 Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 07/06/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	Pass .00 .08	10:15am 10:16am 10:17am
AIR BLK	.00	10:17am
SUB TEST	.00	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Agnature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Deportment of Health and Health and Health

Analyst

Department of Health and Human Services Rev. 12/2007

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 358
Test Date: 07/06/2009 Test Time: 10:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:24am
FLO	Pass	10:24am
FC	Pass	10:24am

Temperature Tests

Test	Status	Time
FC1	Pass	10:24am
SRC	Pass	10:24am
DET	Pass	10:24am
BAR	Pass	10:24am
BT	Pass	10:24am

Blank Tests

Test	Status	Time
AIR	Pass	10:24am

Printer Tests

Test	Status	Time
PRNT	Pass	10:24am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:25am 10:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ru	therford	Instrument Location Rather	-ford County SD
Instrument Se	rial No. <u>008927</u>	400 N. Washington 828-627-6247	n Street, Rutherfordton
The preventiv		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	o d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration is stery four months or after 125 and	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>204h</u> day of <u>Jul</u> ere performed on the instrument inc of Health and Human Services, and	dicated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
The STATE OF THE S	Salar	hature of Certifying Official	しょう ゆ Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008927 Test Date: 07/20/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	4:37pm 4:37pm 4:38pm 4:39pm 4:39pm 4:40pm 4:42pm
AIR BLK	.00	4:42pm

Reported, AC; .00 g/210L

Sygnature 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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008927 Test Record Number: 186 Test Date: 07/20/2009 Test Time: 4:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:34pm
FC	Pass	4:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:34pm
SRC	Pass	4:34pm
DET	Pass	4:34pm
BAR	Pass	4:34pm
BT	Pass	4:34pm

Blank Tests

Test	Status	Time
AIR	Pass	4:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:35pm

Pass 4:35pm

Preventive Maintenance Status: Pass

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location AANS	chock A.R.
Instrument	t Serial No <u>00 88/9</u>		
The prever		e Intoximeters, Model Intox EC/IR II (to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic be degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125	
I certify the procedures Departmen	at on the day of were performed on the instrument it of Health and Human Services, an	Take, 20 9 the indicated above, in accordance with cure did the instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
THE GREAT STATES OF THE STATES	ATE OF NORTH CARBON TO THE CAR	7 and EHII	354
		ignature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008819 Test Date: 07/30/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:19am 10:20am 10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC:

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008819 Test Record Number: 79
Test Date: 07/30/2009 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test

	C + - +	mi-ma
	CRC Tests	
PRNT	Pass	10:27am
resc	Deacub	1 1

Status Time

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location MCAS	CHERRY POINT
Instrumen	t Serial No. <u>0/08/9</u>		
The prever		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholic bre us .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displa	nys time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accura	асу;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.		as canister is being changed before expiration as changed every four months or after 125 A	
I certify the procedures Department	at on the <u>FO</u> day of s were performed on the instrum nt of Health and Human Service:	nent indicated above, in accordance with curres, and the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE COREATOR STATES OF THE COREATOR STATES OF THE COREATOR STATES OF THE COREATOR STATES OF THE CORE AT THE CORE A	ATE OF A OR THE CAROLINA ANY YOUR ANY Y	Signature of Certifying Official	354 Certificaté Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 07/30/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	Pass .00 .08	9:23am 9:24am 9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 65 Test Date: 07/30/2009 Test Time: 9:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:32am 9:32am
FC	Pass	9:32am

Temperature Tests

Test	Status	Time
FC1	Pass	9:32am
SRC	Pass	9:32am
DET	Pass	9:32am
BAR	Pass	9:32am
\mathtt{BT}	Pass	9:32am

Blank Tests

Test	Status	Time
AIR	Pass	9:33am

Printer Tests

Test	Status	Time
PRNT	Pass	9:33am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:33am

Pass

9:33am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAUCA Instrument Location	NewBern A.D.
Instrument S	erial No. <u>00 88/7</u>	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox are:	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample	e;
7.	When "PLEASE BLOW" appears, collect breath sample	е;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months of whichever occurs first.	
I certify that procedures w Department of	on the	the forgoing preventive maintenance nee with current regulations of the N.C. ing properly.
ORE STATION OF THE CARE AND THE	Ranz E Hall	354
	Signature of Certifying Offic	

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 07/29/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	2:00pm
AIR BLK	.00	2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm

/0101

m 2 a

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

Kary E-Hall

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 184
Test Date: 07/29/2009 Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
В Т	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

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

2:09pm

Preventive Maintenance Status: Pass

Pass

CAL

∠Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PA	Instrument Location Panilico County
Instrument Seria	No. 008640 SHERIFFS OFFICE
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that on procedures were Department of H	the 39 day of July, 2009 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O' THE STATE O' AND TO A THE STATE O' AND TO A THE STATE O' AND TO A THE STATE O' AND THE S	Cane E-Hall 354

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

Signature of Certifying Official

Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 07/29/2009

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:50pm 12:50pm 12:51pm 12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:55pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 634
Test Date: 07/29/2009 Test Time: 12:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
BT	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Status

Test

Time

PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:57pm 12:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRHUEN	Instrument Location CRAU	en County
Instrumen	t Serial No. <u>008732</u>	SHERIFFS OFF	ice
The preve	= -	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 alcoholic br legree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.		nister is being changed before expiration anged every four months or after 125 and 125	
		dicated above, in accordance with cur the instrument is functioning properly	
S S S S S S S S S S S S S S S S S S S	TATE OF NORTH CAROLINA AND THE CAROLINA	nature of Certifying Official	354
	Sig	nature of Certifying Official	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 07/29/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:40am 11:40am 11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:45am
ATR BLK	. 00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 411 Test Date: 07/29/2009 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JONES	Instrument Location Jones	25 County
Instrument	t Serial No. <u> </u>	SHERIFFS OFF	ce
The prever	ntive maintenance procedures for the as are:	Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		hister is being changed before expirations and every four months or after 125	
I certify that procedures Departmen	at on the 27 day of Joseph were performed on the instrument incident of Health and Human Services, and	dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C. ly.
SELECTION SECRETARY OF SECRETAR		nature of Certifying Official	Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 07/29/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:18am 10:19am 10:20am 10:21am 10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 465
Test Date: 07/29/2009 Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:26am 10:26am 10:26am 10:26am 10:26am
ЪΙ	rass	10.20am

Blank Tests

Test	Status	Time
AIR	Pass	10:26am

Printer Tests

Test

CAL

PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:27am

Status

Time

10:27am

Preventive Maintenance Status: Pass

Pass

Xnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

Signature of Certifying Official

Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 07/15/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:40pm 12:41pm 12:42pm 12:42pm 12:43pm 12:44pm
SUB TEST	.00	12:45pm
SUB TEST AIR BLK	.00 .00	12:45pm 12:46pm

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

Kary E-Half

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 775
Test Date: 07/15/2009 Test Time: 12:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
$\mathtt{B}\mathbf{T}$	Pass	12:47pm

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_	CARTERET Instrument Location Atlantic BEACK P.O.
Instrumer	nt Serial No. <u>008785</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tl procedure Departme	nat on the
S S S S S S S S S S S S S S S S S S S	TATE OF NORTH

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

Signature of Certifying Official

Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 07/15/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 231 Test Date: 07/15/2009 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:44am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARTERET	Instrument Location More	thead City A.D.
Instrumer	nt Serial No. <u>00873/</u>		
The preve	entive maintenance procedures for the In ths are:	toximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		reath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expirat ged every four months or after 125	
	hat on the		
SO BE THE GREAT SO SE	TATE OF NORTH CAROLLING	n 5-11 41	**************************************
-41/17	Signal	Ly E-Hall ture of Certifying Official	Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 07/15/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:52am 10:53am 10:54am 10:55am 10:55am 10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Anälyst

Kang E Half

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 474
Test Date: 07/15/2009 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	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Aynalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAR	teret	Instrument Location CARTERCT	- County
Instrument Seria	INO. <u>008605</u>	SHERIF'S OFFICE	
The preventive n four months are:	naintenance procedures for the Into	ximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath be centigrade;	simulator thermometer show
2.	Verify instrument displays time at	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration da d every four months or after 125 Alcol	
I certify that on t procedures were Department of H	he/5 day of/ performed on the instrument indica ealth and Human Services, and the	, 20 <u>9</u> the forgoted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
APRIL D. UTB. A. SEE CILLAN VIOLENTA	44 1	ez E-Hall	354
	Signatu	re of Certifying Official	Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 07/15/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:47am
ACCY CHK	.08	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:52am
ATR BLK	.00	9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 1175
Test Date: 07/15/2009 Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:54am
FLO	Pass	9:54am
FC	Pass	9:54am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
BT	Pass	9:54am

Blank Tests

Test	Status	Time
ATR	Pass	9:55am

Printer Tests

Status Time

Test

PRNT	Pass	9:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55am 9:55am

Preventive Maintenance Status: Pass

A⁄nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ONSLOW Instrument Location CAMP LEJOUNE AMO
Instrume	nt Serial No
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.
I certify the procedure Departme	hat on the
THE GREAT STATES	TATE ON NORTH

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

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 07/13/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

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

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 299
Test Date: 07/13/2009 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:25pm
FLO	Pass	2:25pm
FC	Pass	2:25pm

Temperature Tests

Status	Time
Pass	2:26pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:26pm 2:26pm

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_OA	Instrument Location JRS	Ksonuille A.D.
Instrument Ser	rial No. <u>008930</u>	· · · · · · · · · · · · · · · · · · ·
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoho 34 degrees, plus or minus .2 degree centigrade;	lic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exsimulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the	the forgoing preventive maintenance th current regulations of the N.C. operly.
STATE COLLANDER TO THE STATE OF	Canaly E-Noll	35%
	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 07/13/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	12:47pm
AIR BLK	.00	12:48pm
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	12:53pm

10101

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

Koney E Hall

Rev. 12/2007

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 503 Test Date: 07/13/2009 Test Time: 12:53pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:55pm 12:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONShow Instrument Location ONShow County	
Instrumen	ent Serial No. OC8932 SHERIFF'S OFFICE	
The preve four mont	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on this are:	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo 34 degrees, plus or minus .2 degree centigrade;	meter 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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
I certify the procedure Departme	that on the	naintenance • N.C.
COREATOR STATE OF STA	STATE OF NORTH TO THE STATE OF	./ Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 07/13/2009

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

Subject'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:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.08	12:15pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 282 Test Date: 07/13/2009 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location CNS/co	J County
Instrument	t Serial No. <u>008931</u>	SHERIFFY OFFICE	
The prever		he Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas cani	ster displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.		canister is being changed before expiration changed every four months or after 125 Al	
I certify the procedures Departmen	at on the day of were performed on the instrument it of Health and Human Services, a	the formation in the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OURAL STATE	ATE ON COLUMN TO THE OWN TO THE		
ON OUR CULA		any EHall	354
	S	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 07/13/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 744
Test Date: 07/13/2009 Test Time: 12:16pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:17pm 12:17pm 12:17pm 12:17pm 12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

Printer Tests

Status Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location MCAS	New River Am
Instrumen	nt Serial No. <u>008923</u>		
The preve	entive maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bregree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	; ·	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.		ister is being changed before expiratinged every four months or after 125	
I certify the procedure Departme	hat on the	, 20 <u>9</u> the licated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
CREAT STATES	TATE OF NORTH AND THE STATE OF	enture of Certifying Official	354
	Sign	ature of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 07/13/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

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

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 123
Test Date: 07/13/2009 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:32am 11:32am
FC	Pass	11:32am

Temperature Tests

Status	Time
Pass	11:32am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Printer Tests

Status

Test

CAL

PRNT	Pass	11:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:33am

Time

11:33am

Preventive Maintenance Status: Pass

Pass

Analyst

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Certificate Number

PREVENTIVE MAINTENANCE RECORD

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County_	Instrument Location ANSON COUNTY
Instrument Ser	rial No. 008739 Sheriff's DEpt.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
THE STATE OF THE S	

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

Signature of Certifying Official

ANSON COUNTY ANSON COUNTY SD. 030

Serial Number: 008739 Test Record Number: 79 Test Date: 07/24/2009 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:44am

Printer Tests

Status

Time

11:44am

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

Analyst

ANSON COUNTY ANSON COUNTY SD. 030

Serial Number: 008739 Test Date: 07/24/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

11:41am

Reported AC: __00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

RECEIVED AUG 0 4 2009

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

FTA BRANCH

County /	ich Mond Instrument Location Richard	ud Coopty
Instrument Serial	al No. Oo 8701 MAGISTIRATES O	1. FIGG Comme
The preventive m four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
procedures were	the	g preventive maintenance ulations of the N.C.
THE STATE OF MY CONTROL OF MY STATE OF MY CONTROL OF MY CO	Signature of Certifying Official	Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 07/22/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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	12:17pm 12:18pm 12:19pm 12:20pm 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

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 632 Test Date: 07/22/2009 Test Time: 12:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

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

FTA BRANCH

Certificate Number

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	UMBERIAND Instrument Location SECURITY FORCES
Instrument Se	erial No. <u>CO8787</u> POPE, AFB,
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.
	n the
THE STATE OF THE S	578

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

Signature of Certifying Official

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Date: 07/29/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	3:27pm 3:28pm 3:28pm 3:29pm 3:30pm 3:31pm 3:33pm
AIR BLK	.00	3:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Record Number: 92 Test Date: 07/29/2009 Test Time: 3:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:37pm 3:37pm

Preventive Maintenance Status: Pass

Analyst

RECEIVED AUG 0 4 2009

PREVENTIVE MAINTENANCE RECORD

CH

County F	INTOXIMETERS, MODEL INTOX EC/IR II FTA BRANG
<u> </u>	Gerial No. 008597 Sheriff's DEPT,
The preventi four months	we 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 day of 2009 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.
AMPLIO SELATION OF THE STATE OF	Signature of Certifying Official Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY SD. 030

Serial Number: 008597 Test Date: 07/24/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY SD. 030

Serial Number: 008597 Test Record Number: 267
Test Date: 07/24/2009 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

RECEIVED

PREVENTIVE MAINTENANCE RECORD

ł		RS, MODEL INTO	X EC/IR II	FIA BRANCH
County //	GRNett	Instrument Location	DONN	Police
Instrument Seria	11 No. <u>008644</u>	DEPT.	RUNG	, NC
The preventive r	maintenance procedures for the In	toximeters, Model Intox EC	/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		pholic breath simulat	tor 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.			
	the 15 day of 10 performed on the instrument indi- lealth and Human Services, and th	cated above, in accordance	with current regulat	eventive maintenance ions of the N.C.
THE STATE OF MARION VIDEO	Signa Signa	ture of Certifying Official	Y. Ce	528 ertificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 07/15/2009

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: SIMMONS, PAUL T Permit Number: 08619E Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

.00 g/210L Reperted AC:

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 652 Test Date: 07/15/2009 Test Time: 12:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:17pm 12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
\mathtt{BT}	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Status

Test

COMP

CAL

Pass	12:18pm
CRC Tests	
Status	Time
	CRC Tests

Time

12:18pm

12:18pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

RECEIVED AUG 0 4 2009

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

FTA BRANCH

County (Instrument Location FORT BAGG,
Instrument Ser	ial No. <u>008903</u> <u>LEC</u>
The preventive four months are	e 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.
	the
THE STATE OF THE OTHER PROPERTY OF THE STATE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 07/15/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	3:56pm 3:57pm 3:58pm 3:58pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 114
Test Date: 07/15/2009 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 • 5 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:53pm 3:53pm

Preventive Maintenance Status: Pass

Analyst

RECEIVED AUG 0 4 2009

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

FTA BRANCH

County (Instrument Location FORT BRAGG,
Instrument Ser	ial No. <u>008908</u> <u>LEC.</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	Total Control of the

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 505 Test Date: 07/15/2009 Test Time: 3:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:41pm 3:41pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
ΔTR	Pass	3:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:42pm 3:42pm

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 07/15/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:31pm 3:32pm 3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	Instrument Location GREENS	bord JA:1
Instrument Serie	al No. <u>OO8790</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	the	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 07/14/2009

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

Subject'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, LARRY K Permit Number: 11598E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:15am 9:16am 9:17am
AIR BLK	.00	9:18am
SUB TEST AIR BLK	.00 .00	9:18am 9:19am
SUB TEST AIR BLK	.00 .00	9:20am 9:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 1070 Test Date: 07/14/2009 Test Time: 9:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22am
FLO	Pass	9:22am
FC	Pass	9:23am

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	9 • 23 a m

Printer Tests

Test	Status	Time
PRNT	Pass	9:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:24am

Preventive Maintenance Status: Pass

Pass

9:24am

- Swn Dun

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location (Reenslow, C Ja)
Instrument Seria	I No. <u>008794</u>
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he // day of , 20 09 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.
CHESTATE OF ALL	Single Continue Conti

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 07/14/2009

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

Subject'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, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.08	9:50am
AIR BLK	.00	9:51am
SUB TEST	.00	9:52am
AIR BLK	.00	9:52am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 691 Test Date: 07/14/2009 Test Time: 9:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	9.57am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

9:57am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	VIOSON Instrument Location hongsville
Instrument Seria	INO. 008872 Police Department
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the A day of Joy , 20 09 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.
SEE CITY AND TO THE STATE OF TH	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 07/24/2009

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: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:29am 11:30am 11:30am 11:31am
AIR BLK SUB TEST	.00	11:33am 11:34am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 343 Test Date: 07/24/2009 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Status

Test

CAL

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

Time

11:37am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DAVIDSON Instrument Location LexingTON
Instrume	nt Serial No. 008883 Police Department
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every oths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the
A CHEAT SE	1.1 XON ON
	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 07/24/2009

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

Subject'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, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:13pm 12:15pm 12:15pm 12:16pm 12:16pm 12:17pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Steen & Slan
Analyst

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 367 Test Date: 07/24/2009 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:21pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm 12:21pm

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:22pm 12:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	101 dsc N Instrument Location Dalvidge	
Instrument Se	rial No. <u>CO8845</u> <u>Lexingr</u>	in, N.C.
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fore:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoholichever occurs first.	
procedures we	n the day of , 20 the forgo re performed on the instrument indicated above, in accordance with current re Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance egulations of the N.C.
STATE ON THE STATE OF THE STATE	NOTE SAID OF THE S	642
	Signature of Certifying Official	Certificate Number

'DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 07/24/2009

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: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG809301 Exp Date: 04/02/2010

g/210L	Time
Pass .00 .07 .00	12:55pm 12:56pm 12:57pm 12:58pm 12:58pm
.00	12:59pm
.00	1:01pm
.00	1:01pm
	Pass .00 .07 .00 .00

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 340
Test Date: 07/24/2009 Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:03pm

1:03pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive four months a	we 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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 07/17/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	7:01pm 7:02pm
ACCY CHK AIR BLK	.07	7:02pm
SUB TEST	.00	7:03pm 7:04p m
AIR BLK	.00	7:05pm
SUB TEST	.00	7:06pm
AIR BLK	.00	7:07pm

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: 553

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:08pm
FLO	Pass	7:08pm
FC	Pass	7:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:08pm
SRC	Pass	7:08pm
DET	Pass	7:08pm
BAR	Pass	7:08pm
BT	Pass	7:08pm

Blank Tests

Test	Status	Time
AIR	Pass	7:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:09pm
	CRC Tests	
Toat	Ctatua	m

lest	Status	Time
COMP	Pass	7:09pm
CAL	Pass	7:09pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location	BAT MOBILE UNIT 3
Instrument 5	Serial No. <u>008647</u>		BATMOBILE UNITS GREENSBORD, NC
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	;
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed befor nged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
certify that or rocedures we Department o	on the day of	JLY , 20 licated above, in accordanc he instrument is functionin	the forgoing preventive maintenance e with current regulations of the N.C. g properly.
O THE STATE	CAROUN CAROUN		1110

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 07/17/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	7:02pm 7:03pm
ACCY CHK	.07	7:04pm
AIR BLK SUB TEST	.00 .00	7:04pm 7:05pm
AIR BLK	.00	7:05pm 7:06pm
SUB TEST	.00	7:07pm
AIR BLK	.00	7:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 550

Test Date: 07/17/2009 Test Time: 7:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:10pm
FLO	Pass	7:10pm
FC	Pass	7:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:10pm
SRC	Pass	7:10pm
DET	Pass	7:10pm
BAR	Pass	7:10pm
BT	Pass	7:10pm

Blank Tests

Test	Status	Time
AIR	Pass	7:10pm

Printer Tests

TT -1 --- ---

7:11pm

rest	Status	Time
PRNT	Pass	7:10pm
	CRC Tests	
Test	Status	Time

CAL Pass 7:11pm

Pass

Preventive Maintenance Status: Pass

COMP

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 07/17/2009

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

Subject'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:
12/01/2007-12/01/2009

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	Pass .00 .08	7:07pm 7:08pm 7:09pm
AIR BLK SUB TEST	.00 . 00	7:10pm 7:10p m
AIR BLK	.00	7:11pm
SUB TEST	.00	7:13pm
AIR BLK	.00	7:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 356
Test Date: 07/17/2009 Test Time: 7:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:15pm 7:15pm
FC	Pass	7:15pm

Temperature Tests

Test Status Time	
FC1 Pass 7:15p	m
SRC Pass 7:15	m
DET Pass 7:15p	m
BAR Pass 7:15p	m
BT Pass $7:15$	m

Blank Tests

Test	Status	Time
AIR	Pass	7:16pm

Printer Tests

lest	Status	Time
PRNT	Pass	7:16pm

CRC Tests

Test	Status	Time
COMP	Pass	7:16pm
CAL	Pass	7:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIDSON Instrument Location BAT MOBILE UNIT 3 Serial No. 008647 DENTON, DC
Instrument S	Serial No. 008647 DENTON, DC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that opposed we consider the construction of the construct	on the
AN INDUSTRIAL STATES OF THE ST	

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Date: 07/18/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	5:54pm
AIR BLK	.00	5:55pm
ACCY CHK	.07	5:56pm
AIR BLK	.00	5:56pm
SUB TEST	.00	5:57pm
AIR BLK	.00	5:58pm
SUB TEST	.00	5:59pm
AIR BLK	.00	6:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647 Test Record Number: 556

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:01pm
FLO	Pass	6:01pm
FC	Pass	6:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:01pm
SRC	Pass	6:01pm
DET	Pass	6:01pm
BAR	Pass	6:01pm
BT	Pass	6:01pm

Blank Tests

Test	Status	Time
AIR	Pass	6:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:02pm

CRC Tests

Test	Status	Time
COMP	Pass	6:02pm
CAL	Pass	6:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TREDELL Instrument Location BAT MOBILE UNIT
Instrument Se	TREDELL Instrument Location BAT MOBILE UNIT: erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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.
certify that or corocedures were Department of	the
O'ME STATE OF THE	Signature of Certifying Official Certificate Number

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

Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 07/25/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	3:46pm 3:47pm
ACCY CHK	.07	3:47pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:49pm
AIR BLK	.00	3:50pm
SUB TEST	.00	3:52pm
AIR BLK	. 00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 07/25/2009 Test Record Number: 558
Test Time: 3:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:55pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TREDELL Instrument Location BAT MOBILE UNIT
Instrument S	TREDELL Instrument Location BAT MOBILE UNIT Serial No. 008647 MOORESVILLE, NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that opposed we concedures we concedure we concedure to concentrate the concentration of the concentration	on the
ORE STATE IN THE STATE IS THE S	Signature of Certifying Official Certificate Number

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

Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 07/25/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	3:51pm
AIR BLK	.00	3:52pm
ACCY CHK	.07	3:53pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008647 Test Date: 07/25/2009 Test Record Number: 559
Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:59pm 3:59pm 3:59pm 3:59pm
BT	Pass	3:59pm

Blank Tests

Test Status Time
AIR Pass 3:59pm

Printer Tests

Test

PRNT Pass 3:59pm
CRC Tests

Status

Time

Test Status Time

COMP Pass 3:59pm
CAL Pass 3:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TREDELL Instrument Location BAT MOBILE UNIT
Instrument So	TREDELL Instrument Location BAT MOBILE UNIT Perial No. 008707 MOORESVILLE, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the <u>35</u> day of <u>500</u> , 20 <u>6</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	
-dimension	Signature of Certifying Official Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008707 Test Date: 07/25/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:09pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

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: 363

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

Blank Tests

Test	Status	Time
7 T.D	Da ==	4 15
AIR	Pass	4:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm

CRC Tests

iest	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

WATAUGA BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Record Number: 275 Test Date: 07/31/2009 Test Time: 9:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:45pm
FLO	Pass	9:45pm
FC	Pass	9:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:45pm
SRC	Pass	9:45pm
DET	Pass	9:45pm
BAR	Pass	9:45pm
BT	Pass	9:45pm

Blank Tests

Test	Status	Time
AIR	Pass	9:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:46pm 9:46pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Date: 07/31/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722501 Exp Date: 08/12/2009

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

-Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	instrument Location BAT Mobile Unit 4
Instrument Se	erial No. <u>008871</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 3/5 day of 7/1 , 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008871 Test Record Number: 153
Test Date: 07/31/2009 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:40pm
FLO	Pass	9:40pm
FC	Pass	9:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
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

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008871 Test Date: 07/31/2009

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County B	erial No. 008697 Instrument Location Suncombe Co. Jail
Instrument S	erial No. 008697 Asheville, NC
The preventi four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of, 20 <u>O</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TARESTATE OF THE STATE OF THE S	649
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Date: 07/27/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG722702 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK ACCY CHK	.00 .07	2:24pm 2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697 Test Record Number: 633 Test Date: 07/27/2009 Test Time: 2:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

Temperature Tests

Status	Time
Pass	2:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:32pm 2:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Augus .	Instrument Location Buncombe Co. 54:1 1No. 008798 Asheville, NC
Instrument Seria	1No. 008798 Asheville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on t procedures were Department of H	he
OT WE STATE OF NO.	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 07/27/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	2:38pm 2:39pm 2:40pm 2:40pm 2:41pm 2:42pm 2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Test Record Number: 987 Serial Number: 008798

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
\mathtt{BT}	Pass	2:45pm

Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:46pm 2:46pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Yang	Instrument Location Yancey Co. Jail Bouns Ville, NC
Instrument Seria	al No. 1008653 Boins Ville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>72</u> day of <u>71//</u> , 20 <u>09</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	CAROLL SCALE STATE OF THE STATE

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

Signature of Certifying Official

Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 07/22/2009

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

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	4:59pm
AIR BLK ACCY CHK	.00	5:00pm 5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 562 Test Date: 07/22/2009 Test Time: 5:06pm 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

Preventive Maintenance Status: Pass

Pass

5:07pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	aldwell Instrument Location Caldwell Co Jail
Instrument Se	erial No. <u>008803</u> <u>Lanoir</u> , NC
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4,	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department of	on the
THE STATE OF THE S	1700 699
	Signature-of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 07/17/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS
Test Type: Breath Test

Lot Number: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	1:05pm
AIR BLK	.00	1:06pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 131 Test Date: 07/17/2009 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:13pm 1:13pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:14pm

Pass

1:14pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	aldwell Instrument Location Caldwell Co. Juil
Instrument Se	erial No. 008719 Instrument Location Caldwell Co. Juil
The preventiv	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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	on the
STATE ON THE STATE OF THE STATE	
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 07/17/2009

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

Subject'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:
12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG722503 Exp Date: 08/12/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 517
Test Date: 07/17/2009 Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:13pm
FLO	Pass	1:13pm
FC	Pass	1:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:14pm 1:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Hen	derson Instrument Location Henderson Co. Detertion
Instrument Seria	al No. 008806 Hendersonville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 F	the
O' ME STATE OF A STATE	Signature of Certifying Official Certificate Number

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 07/15/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701 Exp Date: 08/14/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Record Number: 380 Test Date: 07/15/2009 Test Time: 2:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
\mathtt{BT}	Pass	2:54pm

Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

Printer Tests

Test

CAL

Status Time

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Her	
Instrument Se	rial No. 00 8822 Hendersonville, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
THE STATE OF THE S	13 Ca 649
	Signature of Certifying Official Certificate Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 07/15/2009

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

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG723301 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Record Number: 533
Test Date: 07/15/2009 Test Time: 2:55pm EDT

System Check: Passed

Baseline **Tests**

Test	Status	Time
IR FLO	Pass Pass	2:55pm 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

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_But	combe	Instrument Location <u>Buncani</u>	he Co. Jail
Instrument Seri	al No. <u>00 863 /</u>	Asheville	NC
The preventive four months are	maintenance procedures for the Intoxi	imeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath centigrade;	n simulator thermometer shows
2.	Verify instrument displays time and	I date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration of every four months or after 125 Alco	
I certify that on procedures were Department of I	the day of	, 20 <u>O G</u> the forg ed above, in accordance with current estrument is functioning properly.	going preventive maintenance regulations of the N.C.
OF THE STATE OF ANY 20, 1775	Some Carolina Carolin		649
	Signature	of Certifying Official	Certificate Number

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 07/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	3:03pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:08pm
ATR BLK	.00	3:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 897
Test Date: 07/02/2009 Test Time: 3:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:11pm 3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:12pm 3:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1604 Instrument Location ATMOBILE CORIES
Instrument Seri	al No.008898 Wildlife
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.
nrocedures wer	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 269 Test Date: 07/25/2009 Test Time: 5:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	5 • 0.8 m

Printer Tests

Status

Test

Time

PRNT	Pass	5:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:08pm 5:08pm

Preventive Maintenance Status: Pass

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 07/25/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.07	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. C. Mach

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. OCEGGS W./c//ft The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once 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;	
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once 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;	14
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once 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;	
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;	
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;	every
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; 	r shows
4. Enter information as prompted;5. Verify instrument accuracy;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be 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 of 1,20 d	enance C.
THE STATE ON OR STATE OF ST	
Signature of Certifying Official Certificate Numb	,

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 269
Test Date: 07/25/2009 Test Time: 5:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:07pm
FLÖ	Pass	5:07pm
FC	Pass	5:07pm

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	5:08pm	

Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:08pm

Pass

5:08pm

Preventive Maintenance Status: Pass

Fr. C. Mach

CAL

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 07/25/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.07	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

County Jo	Eunswick Instrument Location SAT Mobile Unit
Instrument S	erial No. 008939
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
THE STATION OF THE ST	5-C. Mode 60 (
	Signature of Certifying Official Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 244
Test Date: 07/18/2009 Test Time: 2:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:47pm
FLO	Pass	2:47pm
FC	Pass	2:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:47pm
SRC	Pass	2:47pm
DET	Pass	2:47pm
BAR	Pass	2:47pm
BT	Pass	2:47pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	2 · 48pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:48pm 2:48pm

Preventive Maintenance Status: Pass

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 07/18/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:38pm 2:39pm 2:39pm 2:40pm 2:41pm
AIR BLK	.00	2:42pm 2:43pm
SUB TEST	.00	-
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location & 4 T Mabile Cinit (
Instrument Se	erial No. <u>008698</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures w Department of	on the day of , 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE U.S. THE STATE OF THE STATE	

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Record Number: 261 Test Date: 07/18/2009 Test Time: 1:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:57am
SRC	Pass	1:57am
DET	Pass	1:57am
BAR	Pass	1:57am
\mathtt{BT}	Pass	1:57am

Blank Tests

Test	Status	Time
AIR	Pass	1:58am

Printer Tests

Test	Status	Time
PRNT	Pass	1:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:58am

Preventive Maintenance Status: Pass

Pass

1:58am

CAL

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898 Test Date: 07/18/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	1:50am
AIR BLK	.00	1:51am
ACCY CHK	.07	1:51am
AIR BLK	.00	1:52am
SUB TEST	.00	1:52am
AIR BLK	.00	1:53am
SUB TEST	.00	1:55am
ATR RIK	0.0	1:56am

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Record Number: 240 Test Date: 07/18/2009 Test Time: 1:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:09am
${ t FLO}$	Pass	1:09am
FC	Pass	1:10am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:10am

Printer Tests

Test	Status	Time
PRNT	Pass	1:10am
	CRC Tests	
Test	Status	Time
COMP	Pass	1:10am

Preventive Maintenance Status: Pass

Pass

1:10am

CAL

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 07/18/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

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

Reported AC: //9/0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (instrument Location SAT Mobile Unite
	erial No. 008898 Morehead
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of 164, 2009 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE ISLAND SEE THE STATE OF THE	

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 255
Test Date: 07/10/2009 Test Time: 11:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:39pm
FLO	Pass	11:39pm
FC	Pass	11:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:39pm
SRC	Pass	11:39pm
DET	Pass	11:39pm
BAR	Pass	11:39pm
BT	Pass	11:39pm

Blank Tests

Test	Status	Time
AIR	Pass	11:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:40pm

11:40pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 07/10/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:29pm 11:30pm 11:31pm 11:32pm 11:32pm 11:33pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm

Reported AC: .00 5/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County a	1 teret Instrument Location SATMobile Uni
Instrument Seria	al No. 008939 Morehead
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
CO THE STATE OF A COLOR TO THE STATE OF THE S	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 234
Test Date: 07/10/2009 Test Time: 11:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

Status

Time

Printer Tests

Test

PRNT	Pass	11:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49pm 11:49pm

Preventive Maintenance Status: Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 07/10/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	11:41pm
AIR BLK ACCY CHK	.00 .07	11:42pm 11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:46pm
AIR BLK	.00	11:47pm

Reported ACC .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mayor

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_CM	Instrument Location SILER CITY OUCE 1No. DOBSII DEPT. SILER CITY NC
Instrument Seria	INO. DOBBIL DEPT, SILERCTY NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 29 day of July , 2009 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.
OTHE STATE OF N. OF THE STATE OF	Signature of Certifying Official Certificate Number

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 07/29/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:25pm 2:26pm 2:26pm 2:27pm 2:28pm 2:29pm
SUB TEST	.00 .00	2:30pm 2:31pm
AIR BLK	.00	∠ : 2 τħιιι

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CHATHAM COUNTY SILER CITY PD. 180

Test Record Number: 451 Serial Number: 008811 Test Time: 2:32pm EDT Test Date: 07/29/2009

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
\mathtt{BT}	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

CAL

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

Preventive Maintenance Status: Pass

Pass

2:34pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MONTBOMERY Instrument Location MONTBOMERY Co.
Instrume	nt Serial No. DO8721 COUDTHOUSE, TROY NC
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	hat on the
STATE OF A	Signature of Certifying Official Certificate Number

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Date: 07/17/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:53pm 12:53pm 12:54pm 12:55pm 12:55pm 12:56pm 12:58pm
AIR BLK	.00	12:50pm

.00 g/210L Reported AC:

Court CVR

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Record Number: 255 Test Date: 07/17/2009 Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
ΔTP	Dagg	1 • 0 1 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTGOMERY Instrument Location MONTGOMERY CO.
Instrument	MONTGOMERY Instrument Location MONTGOMERY CO. Serial No. 008709 COURTHOUSE, TROY NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
CARANTA STATE OF THE CAREAT STATE OF THE CAREA	Signature of Certifying Official Certificate Number

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Date: 07/17/2009

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

Subject'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:
12/01/2007-12/01/2009

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

- -

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

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

Reported Ac; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Record Number: 310 Test Date: 07/17/2009 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

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

1:00pm

Preventive Maintenance Status: Pass

Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE Instrument Location ROBBINS POLICE DEFT.
Instrument Seria	NO. <u>008728 ROBBIAS NC</u>
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
STATE OF NO. 1775 N. 1	371
	Signature of Certifying Official Certificate Number

MOORE ROBBINS PD 620

Serial Number: 008728 Test Date: 07/17/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:20am 10:21am 10:21am 10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

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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

MOORE ROBBINS PD 620

Serial Number: 008728 Test Record Number: 111 Test Date: 07/17/2009 Test Time: 10:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

Temperature Tests

Test	Status	Time
FC1	Pass	10:28am
SRC	Pass	10:28am
DET	Pass	10:28am
BAR	Pass	10:28am
BT	Pass	10:28am

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

Test	Status	Time
PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	Instrument Location CCRI
Instrument Seria	100.008826 330 SSALISBURY ST RAWTIGH, 1
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
STATE OF NEW TO STATE OF NEW T	Signature of Certifying Official Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 07/29/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 1513 Test Date: 07/29/2009 Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:30pm
FLO	Pass	12:30pm
FC	Pass	12:30pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:31pm 12:31pm 12:31pm 12:31pm 12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:31pm 12:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrum Instrum	nent Location 1204	2 between	60.31	9,1100
Instrume	nt Serial No. <u>この8739 </u>	, MAUGUM "		Dokadon	Printer.
The prev	entive maintenance procedures for the Intoximeters	, Model Intox EC/IR	II to be fo	llowed at least	once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	essure, or the alcoholinade;	lic breath s	imulator thermo	ometer shows
2.	Verify instrument displays time and date;				
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, collec	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collec	breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is bein simulator solution is being changed every whichever occurs first.	g changed before exp four months or after	piration da 125 Alcoh	te, or the alcoho olic Breath Sin	olic breath nulator tests,
procedu	hat on the day of es were performed on the instrument indicated aborent of Health and Human Services, and the instrum	ve, in accordance wit	th current r	ing preventive egulations of th	maintenance ne N.C.
GREAT SE	STATE OF NO. 175 A. O. 175				
Will state of the	MYNLA	ertifying Official		<u>652</u> Certificate	Number
	Digitatio of O)			

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008738 Test Record Number: 125
Test Date: 07/21/2009 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:07pm 12:07pm 12:07pm 12:07pm 12:07pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:08pm

12:08pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008738 Test Date: 07/21/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAM	Instrument Location Que +	iam Co. JAIL
Instrument Se	erial No. <u>00 }{ } } ? </u>	217 S. MANGUM	ST. DURANA, NO
The preventive four months a		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration than ged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument	indicated above, in accordance with current the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	A CANOLINE CAROLINE	\ () no Ac TZ- (652
-ambia	\mathcal{O}	ighature of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 428
Test Date: 07/21/2009 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 12:00pm DET Pass 12:00pm	Test	Status	Time
BI Pass 12:00pm	SRC DET BAR	Pass Pass Pass	12:00pm 12:00pm 12:00pm 12:00pm
	DI	Labb	o p

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Status

Test

CAL

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

Time

12:01pm

Preventive Maintenance Status: Pass

Pass

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 07/21/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:51am 11:52am 11:52am 11:53am 11:54am 11:55am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURFIAM	Instrument Loca	ition Durtim	Co. JAIL
Instrument	Serial No. <u>00 887 /</u>	217 5	MANGUM	ST DURHAM, W
The prever	ntive maintenance procedures for th	e Intoximeters, Model	Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or degree centigrade;	r the 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	ppears, collect breath s	ample;	
7.	When "PLEASE BLOW" a	ppears, collect breath s	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.	anister is being change hanged every four mot	ed before expiration on the or after 125 Alco	date, or the alcoholic breath oholic Breath Simulator tests,
procedures	at on the day of s were performed on the instrument at of Health and Human Services, an	indicated above, in acc	cordance with current	going preventive maintenance t regulations of the N.C.
CONTRACTOR OF STATE O	ATE OF NORTH CAROLINA AND MOSE AND			652
		Signature of Certifying	Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 07/21/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:46am 11:47am
ACCY CHK	.07	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 349
Test Date: 07/21/2009 Test Time: 11:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:55am

Printer Tests

Test	Status	Time
PRNT	Pass	11:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:56am 11:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	isou	_ Instrum	ent Location_	PEZ	son Co. Co.	Jan Service Services
Instrument Seria	1 No. <u>// 08680</u>	<u> (30)</u>	152027	4	POYTORD,	4-1 ('
The preventive n four months are:	naintenance procedures for the I	Intoximeters,	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			alcoholic	breath simulator the	rmometer 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	ears, collect	breath sampl	e;		
7.	When "PLEASE BLOW" app	oears, collect	breath sampl	e;		
8.	Print test record;					
9.	Verify Diagnostic Program; ar	nd				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being anged every f	g changed bet four months o	fore expir or after 12	ration date, or the alc 25 Alcoholic Breath	oholic breath Simulator tests,
procedures were	heday of performed on the instrument in lealth and Human Services, and	dicated abov	e, in accorda	nce with	current regulations o	ve maintenance f the N.C.
STATE OF AN ADDRESS OF STATE OF ADDRESS OF STATE OF AN ADDRESS OF STATE OF STATE OF ADDRESS OF STATE OF STATE OF ADDRESS OF STATE OF	OS: W CAROUNA	Nature of Co	rtifying Offic	ial.	(SC)	ate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 07/15/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
01/01/2008-01/01/2010

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 168
Test Date: 07/15/2009 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Status

Time

Printer Tests

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	V E1501	Instrument Location_	PERGN	Co. L	· CC
Instrument	Serial No. OO 8693	170 COURT	=5 Pex	Bolo,	WI
The preven	tive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be	followed at le	east once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the degree centigrade;	alcoholic breath	ı simulator th	ermometer shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	;			
4.	Enter information as promp	ted;			
5.	Verify instrument accuracy	;			
6.	When "PLEASE BLOW" a	appears, collect breath sampl	e;		
7.	When "PLEASE BLOW" a	appears, collect breath sampl	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 or or after 125 Alc	date, or the al oholic Breath	coholic breath Simulator tests,
procedures	at on the	indicated above, in accordan	nce with curren	going preven t regulations	tive maintenance of the N.C.
A SERVICE OF SERVICE O	ATE OF NORTH AND THE ARROWS AND THE	Signature of Certifying Offic	ial		cate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 07/15/2009

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

Subject'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: 01/01/2008-01/01/2010

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 393
Test Date: 07/15/2009 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

IR Pass 11:12a	
FLO Pass 11:12a FC Pass 11:13a	am

Temperature Tests

Status	Time
Pass	11:13am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test

PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time

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 Do	Instrument Location Dare (o. S. O Hatteras
Instrument Seria	Instrument Location pare 10. 3. 0 - 12 Mero 3 al No. 008807 50346 NC Huy/2, Fisco, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
ERE CIVAL OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 07/27/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	1:06pm 1:07pm 1:08pm 1:09pm 1:09pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:11pm 1:12pm
WIN DRW	.00	<u></u>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 174 Test Date: 07/27/2009 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
BT	Pass	1:15pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location Lycle Co. S.O. Orvacok P
Instrument Ser	rial No. 008797 NC 12, OctaCoke, NC
The preventive four months an	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the 2 day of 1, 20 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.
SEL CREAT SE	
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 07/27/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	11:13am
AIR BLK	.00	11:14am
ACCY CHK	.08	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:17am
AIR BLK	.00	11:17am
SUB TEST	.00	11:19am
ATP BLK	0.0	11.20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 133 Test Date: 07/27/2009 Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am

Blank Tests

Test	Status	Time
AIR	Pass	11:23am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Ayden Police Depre
Instrument Seria	INO. DOBLEL 4144 Wess Ale., Anden N.C. 785
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the day of 1 1 2 3 5 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.
O'THE STATE OF NOTICE OF STATE OF NOTICE OF STATE OF NOTICE OF STATE OF NOTICE OF STATE OF ST	Signature of Certifying Official Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 07/06/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:51am 11:52am 11:53am 11:54am 11:54am 11:55am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 309
Test Date: 07/06/2009 Test Time: 11:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
\mathtt{BT}	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test

Status

Time

PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:00pm 12:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

4	INTOXIMETERS, MODEL INTOX EC/IR II
County	Angly Instrument Location (AMBEL Co. 5.0.
Instrument Ser	rial No. 108940 113 Hwy 343 CAMBER N.C.
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the
OFF COLAMPOO	Work CAROUN CARO

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 07/13/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

~ /21AT

Time

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:56pm 12:57pm 12:57pm
AIR BLK	.00	12:58pm 12:59pm
SUB TEST	.00 .00	1:00pm
AIR BLK SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
ATK DHY		

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

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 123
Test Date: 07/13/2009 Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:05pm

Preventive Maintenance Status: Pass

Pass

1:05pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\sqrt{\hat{J}}$	ERIAUCH Instrument Location Cucciacy Co. 50.
Instrument Ser	rial No. DUEGIT HOT-A MAILE RO., MAILE, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE STATE STATE OF STATE STA	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 315
Test Date: 07/13/2009 Test Time: 2:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	une Instrument Location (Aleen Co. 4.0.
Instrument Seri	al No. 008670 301 N. GARRASS., Snowhill, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of , 20 the forgoing preventive maintenance be 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	NOSTIN CAROLINA CAROL
AND STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 07/14/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:38am 11:39am 11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
ATR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 761 Test Date: 07/14/2009 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Status

Test

	20000	
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49am 11:49am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	EAUTORY Instrument Location by an for Co. Courthouse
Instrument So	erial No. DU8914 102 6 2nd STREET, Washing Tout, N.C
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.
nrocedures w	on the 15 to day of 10 to 20 27 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA DEL CAROLINA DE LA CAROLINA D

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008918 Test Date: 07/15/2009

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

Subject'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: 12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008918 Test Record Number: 61 Test Date: 07/15/2009 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:02pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Time

Printer Tests

Test

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

Status

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

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

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

Signature of Certifying Official

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

> Serial Number: 008603 Test Date: 07/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:47am 11:48am 11:49am
AIR BLK	.00	11:50am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603

Test Record Number: 744

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,	INTOXIMETERS, MODEL INTOX ECHAT
County VI	Hamble Instrument Location Volge Lambe Co. Manistratis
Instrument Serial	Month Instrument Location Folgelamor la Manistratis No. DO 8443 3005. Whichda ld., Tayron, N.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	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 ANY THE ST	ON THE CANONING THE PROPERTY OF THE PROPERTY O
TO CLAM YOU	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Hymoer

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 07/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	Pass	12:04pm 12:05pm
ACCY CHK	.08	12:05pm
AIR BLK	.00	12:06pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm
SUB TEST	.00	12:09pm
ATP BIK	0.0	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 1002 Test Date: 07/16/2009 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:12pm
SRC	Pass	12:12pm
DET	Pass	12:12pm
BAR	Pass	12:12pm
${ t BT}$	Pass	12:12pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:12pm	

Printer Tests

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

12:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	Instrument Location Lungit Co. 5.9.
Instrument Serial	No. 008639 130 Queen St., KINSTIN, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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. l certify that on the procedures were Department of H	Verify that the ethanol gas canister 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. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 07/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG916602

Exp Date: 06/15/2011

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

DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.08	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:47pm
ATR BLK	. 00	1:48pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 716 Test Date: 07/16/2009 Test Time: 1:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
BT	Pass	1:49pm

Blank Tests

Test	Status	Time
ΔTD	Dagg	1.50pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	noic	_ Instrument L	ocation	instand P.D.
Instrument Ser	ial No 008654	206 8	Ving Si	· , Kinston, N.C.
The preventive four months ar		Intoximeters, Mod	lel Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure legree centigrade;	e, or the alcoho	olic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect brea	th sample;	
7.	When "PLEASE BLOW" ap	pears, collect brea	th sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being cha anged every four	nged before e months or afte	xpiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the day of ere performed on the instrument in f Health and Human Services, and	ndicated above, in	accordance w	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF THE S	Si Si	d A	us (Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 07/16/2009

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

Subject'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:
12/01/2007-12/01/2009

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	Pass	2:12pm 2:13pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:15pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 513 Test Date: 07/16/2009 Test Time: 2:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:20pm 2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	
Test	Status	Time

Pass Preventive Maintenance Status: Pass

Pass

2:21pm

2:21pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hev	Hord Instrument Location Mar Free Slocks to have De
Instrument Seria	al No. DO 8900 115 E. Broad St., Murfreesborg, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 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 15 day of 14 day of 3, 20, 9 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE TOTAL THE	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 07/15/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:26pm 12:27pm 12:28pm 12:29pm 12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 137
Test Date: 07/15/2009 Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gat	Instrument Location Gates (6. S.O.
Instrument Serial	No. 008881 202 (Gult St., Gatesville, 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 t procedures were Department of H	he
STATE OF NO.	- Lola 11 C 643
	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 07/15/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG807702 Exp Date: 03/17/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:39am 11:40am 11:41am 11:42am
AIR BLK SUB TEST	.00	11:43am 11:44am
AIR BLK	.00	11:45am

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 140
Test Date: 07/15/2009 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:47am 11:47am 11:47am 11:47am
\mathtt{BT}	Pass	11:47am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PYG	Jui Mons Instrument Location Perquimans 6.5.0.
Instrument Seria	INO. DOS921 110 N. Church St., Hertford, N.C.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the /// day of ///, , 20 07 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF A THE	100 11 643
	Signature of Certifying Official Certificate Number

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 07/14/2009

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

Subject'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:
12/01/2007-12/01/2009

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 .08 .00 .00 .00	11:44am 11:45am 11:46am 11:47am 11:47am 11:50am
AIR BLK	.00	11:50am

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 116
Test Date: 07/14/2009 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:52am 11:52am
FC	Pass Pass	11:52am

Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test	Status	Time
PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am

Pass

11:53am

Preventive Maintenance Status: Pass

CAL

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Beau	16/+ Instrument Location Bethoven Police Dep
Instrument Serial	No. 008928 Pollanon N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	day of
CREAT STATE OF NO.	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:57am 11:58am 11:59am 11:59am 12:00pm 12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 75 Test Date: 07/13/2009 Test Time: 12:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:04pm
FLO	Pass	12:04pm
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
BT	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:05pm 12:05pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	Instrument Location Mark	0650.
Instrument Seria	INO. 008912 305 E. Main St.	Williamskin 105
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II t	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic be 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 expiral simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify that on a procedures were Department of H	the	e forgoing preventive maintenance urrent regulations of the N.C.
OF THE STATE OF ANY TO LIVE ST	Signature of Certifying Official	6 1/3 Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 07/09/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	10:48am 10:49am
ACCY CHK	.07	10:50am 10:51am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:54am
ATR BLK	.00	10:54am

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 186
Test Date: 07/09/2009 Test Time: 10:56am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:57am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:57am

Printer Tests

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

10:57am

Preventive Maintenance Status: Pass

Pass

JAnalyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location Markin 6. 5.0.
Instrument Ser	ial No. 008879 305 E. Main Stylvillian ston, N
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the day of July, 2009 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.
CHANGE OF THE STATE OF THE STAT	160 11 (643)
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 07/09/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.07	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 114
Test Date: 07/09/2009 Test Time: 10:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:38am 10:38am
FC	Pass	10:38am

Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	10:39am
CAL	Pass	10:39am

Preventive Maintenance Status: Pass

^JAnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pa Sa	puotank	Instrument Location	site of O. Pullic Safe
Instrument Seria	ul No. <u>008950</u>	DOUE Colonial B	Luc, Elizabeth City
The preventive r four months are:		ne Intoximeters, Model Intox EC/IR	R II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		lic breath simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	S	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	canister is being changed before ex changed every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	performed on the instrument	indicated above, in accordance wind the instrument is functioning pr	
THE STATE OF WAR S	ORIN CAROLINA	SLO	<u>643</u>
	S	ignature of Certifying Official	Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

> Serial Number: 008950 Test Date: 07/06/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 243
Test Date: 07/06/2009 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pasq	untank Instrument Location Regunstank Co. Public Safe
Instrument Serial	No. DO8941 200F. Colonic Lave, Elizabeth City
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 the procedures were Department of He	ne day of John, 2007 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO. 100 PM. 20. 177: NO. 100 PM. 12. 177:	ALL CAROLINA AND AND AND AND AND AND AND AND AND A
* ESSE QUAM VIDER!	76/1/2 643
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 07/06/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:03pm 12:04pm 12:05pm 12:06pm 12:06pm 12:07pm
SUB TEST	.00	12:09pm
	.00	_
AIR BLK	.00	12:10pm

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

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PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 209
Test Date: 07/06/2009 Test Time: 12:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:12pm
FLO	Pass	12:12pm
FC	Pass	12:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

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	12:14pm

Pass

12:14pm

Preventive Maintenance Status: Pass

CAL

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hert	ford Instrument Location Ahoskie Police Dopt
Instrument Seria	100.008848 705 W. Main St., Alrockie, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the day of 10, 20, 20 fthe 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.
O'STATE O'S AND TO STATE O'S AND THE STATE O'S A	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 07/01/2009

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

Subject'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: 12/01/2007-12/01/2009

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

> Lot Number: AG809301 Exp Date: 04/02/2010

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

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 250 Test Date: 07/01/2009 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:15pm 12:15pm
FC	Pass	12:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:15pm
SRC	Pass	12:15pm
DET	Pass	12:15pm
BAR	Pass	12:15pm
BT	Pass	12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of Tialy 2007 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.	County Co.	Without Instrument Location (Correlated Co.S.D. Co.
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. 1 certify that on the	Instrument Se	rial No. 008949 1123 Ocean Hart, Could, N.C.
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the /// day of /// 1/2/2/2 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; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister 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. I certify that on the day of d	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. I certify that on the day of day	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. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of	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
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
STATE OF VOQUE AND THE STATE OF THE STATE OF	procedures we	ge performed on the mistrament indicated above, in accordance with current regulations of the 14.5.
Signature of Certifying Official Certificate Number	THE STATE OF THE S	

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 07/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	12:46pm 12:47pm 12:48pm 12:49pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm
SUB TEST	.00	12:52pm
ATR BLK	.00	12:52pm

Reported AC: .00 g/2101

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

CURRITUCK COUNTY SO-COROLLA 260

Test Record Number: 92 Serial Number: 008949 Test Time: 12:58pm EDT Test Date: 07/16/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bu	wcombe Instrument Location BAT Wo	blo Unit 4
Instrument Se	erial No. <u>CO8871</u>	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to bure:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that of procedures with Department of	on the	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008871 Test Record Number: 145
Test Date: 07/17/2009 Test Time: 7:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:45pm
FLO	Pass	7:45pm
FC	Pass	7:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:45pm
SRC	Pass	7:45pm
DET	Pass	7:45pm
BAR	Pass	7:45pm
\mathtt{BT}	Pass	7:45pm

Blank Tests

Test	Status	Time
ATR	Pass	7:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:46pm 7:46pm

Preventive Maintenance Status: Pass

Analyst

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008871 Test Date: 07/17/2009

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

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:37pm 7:38pm
ACCY CHK	.07	7:39pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:40pm
AIR BLK	.00	7:41pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Elkin P. D.
Instrumen	erial No. <u>008926</u>
The preve	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	on the
THE GREAT SEA	CONCRETE AROUND
A FRE OF	Marci Clima Oda
	Signature of Certifying Official Certificate Number

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 07/15/2009

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

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:53pm 3:53pm 3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

Reported AC: رو g/210L

Signature of Chemical Analyst

Court CVR

Analys

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 234
Test Date: 07/15/2009 Test Time: 4:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
ATR	Pagg	4 · 02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:02pm

Preventive Maintenance Status: Pass

Pass

CAL

4:02pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Fortsy th	Instrument Location_	Fonsy th	6 Determ
Instrumer	nt Serial No. <u>OO 8659</u>		Anten	
The preve	entive maintenance procedures for this are:	the Intoximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	eister displays pressure, or the a .2 degree centigrade;	alcoholic breath simu	ılator thermometer shows
2.	Verify instrument displays	s time and date;		
3.	Initiate breath test sequence	ce;		
4.	Enter information as prom	ipted;		
5.	Verify instrument accuracy	y;		
6.	When "PLEASE BLOW"	appears, collect breath sample	e;	
7.	When "PLEASE BLOW"	appears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Progran	n; and		
10.		s canister is being changed before changed every four months o		
l certify the procedure Departme	hat on the day of es were performed on the instrument ent of Health and Human Services,	t indicated above, in accordar and the instrument is function	<u>09</u> the forgoing nce with current reguing properly.	preventive maintenance lations of the N.C.
THE CREATS OF STATES OF ST	S A ROUND TO THE R	Signature of Certifying Offici		Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:36pm 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	1:42pm
AIR BLK	.00	1:42pm

Reported AC: ...00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 831 Serial Number: 008659 Test Date: 07/13/2009 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
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	T'ime
AIR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:45pm 1:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Foresofth Instrument Location Torsofth Co Deserting
Instrume	nt Serial No. OO 86.60 Courtes
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.
I certify t procedure Departme	hat on the
CREAT GREAT	TATE OF NORTH CONTROL OF THE CONTROL
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:05pm
AIR BLK	.00	1:05pm
ACCY CHK	.07	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 743
Test Date: 07/13/2009 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fores	syth Instrument Location Follsyth Co Detertain
Instrument Seria	11 No. 008583 CENTER
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 3 day of 3, 20 9 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF CHANGE AND THE STATE OF NO. 10. STATE	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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	1:07pm 1:08pm 1:08pm 1:09pm 1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC; .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 1502 Test Date: 07/13/2009 Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Status Time	
FC1 Pass 1:16	рm
SRC Pass 1:16	рm
DET Pass 1:16	mq
BAR Pass 1:16	рm
BT Pass 1:16	ρm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County_	Fors of Instrument Location Keeners ville 1.6.
Instrume	nt Serial No. OO8650
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify t procedure Departme	that on the
GREAT SEA	Signature of Certifying Official Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 07/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:44am
AIR BLK	.00	10:45am
ACCY CHK	.07	10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 403 Test Date: 07/13/2009 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:51am
FLO	Pass	10:51am
FC	Pass	10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Printer Tests

Test	Status	Time
PRNT	Pass	10:52am

CRC Tests

Test	Status	Time
COMP	Pass	10:52am
CAL	Pass	10:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. 1 certify that on the	County	The Me w	Instrument Location_	Yo le worlde	<u> </u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simular whichever occurs first.	Instrume	nt Serial No. <u>008935</u>			A 6 FATE
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.		•	toximeters, Model Intox	EC/IR II to be followed	d 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simular whichever occurs first. 1 certify that on the	1.			alcoholic breath simula	tor 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	2.	Verify instrument displays time	and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simular whichever occurs first. 1 certify that on the	3.	Initiate breath test sequence;			
 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simular 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 simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;			
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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" appe	ars, collect breath sampl	e;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	7.	When "PLEASE BLOW" appe	ars, collect breath sampl	e;	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulation 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 Simula whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and	I		
I certify that on the	10.	simulator solution is being chan			
STATE OF NORTH STATE	I certify to procedur Departme	that on the day of res were performed on the instrument indient of Health and Human Services, and the	, 20 icated above, in accordance instrument is function	<u>497</u> the forgoing pr nce with current regulat ling properly.	eventive maintenance ions of the N.C.
Signature of Certifying Official Certificate Num	THE CREAT SEA	STATE OF TOP TO TOP TOP	ature of Certificing Office	ial Co	crificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 07/09/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.08	2:01pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKINVILLE PD 980

Test Record Number: 125 Serial Number: 008925 Test Date: 07/09/2009 Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:06pm 2:06pm
FC	Pass	2:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:08pm

Preventive Maintenance Status: Pass

CAL

Pass

2:08pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Koolk	Instrument Location Pasker Co Spil		
Instrument Seria	1No. <u>008944</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.		
I certify that on t procedures were Department of H	the		
THE STATE OF A STATE O	Sell Carolina (232		
	Signature of Certifying Official Certificate Number		

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 07/09/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:33pm 1:33pm 1:34pm 1:35pm 1:35pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 291
Test Date: 07/09/2009 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:40pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Stoles	Instrument Location_	Stokes	C Ta./
Instrume	ent Serial No. <u>00 8596</u>			
The previous four mon	ventive maintenance procedures for the Intention are:	toximeters, Model Intox E	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		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" appea	ars, collect breath sample	,	
7.	. When "PLEASE BLOW" appea	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 befo ged every four months or	re expiration date, after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedure	that on the day of res were performed on the instrument indi- nent of Health and Human Services, and th	cated above, in accordance	ce with current regu	; preventive maintenance ulations of the N.C.
THE CREAT SECTION OF S	STATE OF NO POLICY OF THE STATE	dure of Certifying Officia	1	Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 07/08/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

qnature of Chemical Analyst

Court CVR

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

This form is used when performing Preventive Maintenance procedures

Rev. 12/2007

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 352
Test Date: 07/08/2009 Test Time: 3:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:46pm

3:46pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes	Instrument Location <u>k</u>	Na P.D	
Instrumen	nt Serial No. <u>00 86 10</u>			
The preve	•	or the Intoximeters, Model Intox EC/IR I	I to be followed at least once every	
1.	, ,	eanister displays pressure, or the alcoholic us .2 degree centigrade;	c breath simulator thermometer shows	
2.	Verify instrument displ	ays time and date;		
3.	Initiate breath test seque	ence;		
4.	Enter information as pro	ompted;		
5.	Verify instrument accur	асу;		
6.	When "PLEASE BLOW	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOV	V" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Progr	ram; and		
10.		gas canister is being changed before expi ing changed every four months or after 1		
I certify th procedure Departmen	nat on the <u>P</u> day of day of swere performed on the instrunnt of Health and Human Service	nent indicated above, in accordance with s, and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.	
CO HISTORY OF THE CORE AT 15 TO 15 T	TATE OF MORE LANGUAGE AND	16 Jan	632	
		Signature of Certifying Official	Certificate Number	

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 07/08/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:46pm 1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
ATR RIK	0.0	1:52pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 573
Test Date: 07/08/2009 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FL O	Pass Pass	1:53pm 1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
\mathtt{BT}	Pass	1:53pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:54pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	W. Hecs	Instrument Location	N. Wilkeshows 12
Instrument	Serial No. <u>CO8862</u>		
The preven		or the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu		coholic breath simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	асу;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	am; and	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that procedures Department	t on theday of were performed on the instrum of Health and Human Services	ent indicated above, in accordances, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.
SIZE SIZE SIZE SIZE SIZE SIZE SIZE SIZE	TE OF A CAROLINA CONTROL OF THE OF TH		437
		Signature of Certifying Official	Certificate Number

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Date: 07/10/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:23pm 1:24pm 1:25pm 1:26pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm

Reported AC:

,00/g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Record Number: 100 Test Date: 07/10/2009 Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

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

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	Instrument Location WAKE TOKET, PD
Instrument Seria	INO.008700 YOLOWEN ST, WAKE FOREST, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
STATE OF NO.	Signature of Certifying Official Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 07/13/2009

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

Subject'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:
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:46pm 1:47pm
ACCY CHK	.08	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 263
Test Date: 07/13/2009 Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:55pm

1:55pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA,	MANCE	Instrument Location SURVINET	on PD
Instrument Serial	No005907	267 W. FRONT ST. E	DURLINGTON, NC
The preventive m four months are:	aintenance procedures for the Int	toximeters, Model Intox EC/IR II to be followed	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath sin ree centigrade;	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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date ged every four months or after 125 Alcoho	
I certify that on the procedures were propartment of He	day of July or day of July or day of July or day of July or day of day o	, 20 9 the forgoing cated above, in accordance with current region in the instrument is functioning properly.	g preventive maintenance gulations of the N.C.
THE STATE OF WOOD AND	Signa	Smith_ture of Certifying Official	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 07/10/2009

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

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:32pm 1:33pm
ACCY CHK	.07	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:37pm
AIR BLK	.00	1:38pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Sira S Smith

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 233

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:40pm 1:40pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:41pm

Pass

1:41pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	(JUAK)	<u></u>	Instrument Location	n CCBI			
Instrume	nt Serial No.	008615	<u>330 S.</u>	SAUSBURY	5"	RALEIGH	،Nc
The preve		enance procedures for	r the Intoximeters, Model Into	ox EC/IR II to be follow	ved at least	t once every	
1.			nister displays pressure, or th s .2 degree centigrade;	e alcoholic breath simu	lator thern	nometer shows	
2.	Vei	rify instrument display	ys time and date;				
3.	Init	iate breath test sequer	nce;				
4.	Ent	er information as pro	mpted;				
5.	Vei	rify instrument accura	ecy;				
6.	Wh	en "PLEASE BLOW	" appears, collect breath sam	ple;			
7.	Wh	en "PLEASE BLOW	" appears, collect breath sam	ple;			
8.	Pri	nt test record;					
9.	Vei	rify Diagnostic Progra	nm; and				
10.	sim	rify that the ethanol gaulator solution is beir ichever occurs first.	as canister is being changed b	efore expiration date, os or after 125 Alcoholic	or the alcol Breath Si	nolic breath mulator tests,	
procedure	es were perfe	day of	ent indicated above, in according and the instrument is function	the forgoing dance with current reguoning properly.	preventive lations of t	e maintenance the N.C.	
THE GREAT STATES	STATE OF NO PLAN CARROLL CAROLL CAROL		1. Cano)	652)	
			(Signature of Certifying Of	ficial	Certificate		

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 07/02/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2008-01/01/2010

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 1143
Test Date: 07/02/2009 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (Instrument Location CCBI
Instrument Seria	INO. 00 8651 330 S. SALISBURY ST RALFIGH, N
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
O'ME STATE OF NO.	Signature of Certifying Official Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008651 Test Date: 07/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2008-01/01/2010

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	11:59am 12:00pm 12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST AIR BLK	.00 .00	12:05pm 12:06pm
ω_{TI} $D\Pi II$		· · · · · · · · · · · · · · · · · ·

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008651 Test Record Number: 748 Test Date: 07/02/2009 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
BT	Pass	12:08pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time

COMP	Pass	12:09pm
CAL	Pass	12:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	WAFE Instrument Location CCBI
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.
procedur	that on the
COREAT SE	STATE OF NOTIFICAL PROPERTY OF THE PROPERTY OF
* ESSE !	Signature of Certifying Official Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 07/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2008-01/01/2010

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	11:40am 11:41am 11:41am 11:42am
SUB TEST	.00	11:43am
AIR BLK SUB TEST	.00 .00	11:44am 11:45am
AIR BLK	.00	11:46am

Reported AC:

.00、g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 1628
Test Date: 07/02/2009 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	I HE	Instrument L	ocation	CC	RI	
Instrument Seria	Il No. <u>208686</u>	330 S.	SALIS	SBURY	Sī	RALEIGH, N
The preventive n four months are:	naintenance procedures for the Inte	oximeters, Moo	iel Intox EC	C/IR II to l	e followed	i at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		e, or the alco	oholic bre	ath simulat	tor 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 brea	th sample;			
7.	When "PLEASE BLOW" appea	rs, collect brea	th 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.	er is being cha ed every four	nged before months or a	e expiration fter 125 A	n date, or t Icoholic B	he alcoholic breath reath Simulator tests,
procedures were	the day of performed on the instrument indic lealth and Human Services, and the	ated above, in	accordance	with curr	ent regulat	eventive maintenance ions of the N.C.
OTHE STATE OF NOTICE OF STATE OF NOTICE OF STATE OF NOTICE OF STATE OF NOTICE OF STATE OF STA	OSTAR CAROLING	Quite	ng Official		_6	Society Number

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 07/02/2009

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

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

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

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

Lot Number: AG723402 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:35am 11:36am 11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 1322
Test Date: 07/02/2009 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:44am 11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
\mathtt{BT}	Pass	11:44am

Blank Tests

Test	Status	Time
AIR	Pass	11:45am

Printer Tests

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

COMP	Pass	11:45am
CAL	Pass	11:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mary Mark E	Instrument Lo	cation	122 0 CM	r F D
Instrument Seri	al No. <u> </u>	201 63	Palestan	J. Buck	12 m 6 70 mg. 1
The preventive four months are	maintenance procedures for the	ne Intoximeters, Mode	l Intox EC/IR	II to be followed	at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus		or the alcoholi	c breath simulato	r thermometer shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	·,			
4.	Enter information as promp	oted;			
5.	Verify instrument accuracy				
6.	When "PLEASE BLOW"	appears, collect breath	sample;		
7.	When "PLEASE BLOW"	appears, collect breath	sample;		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being chanş changed every four m	ged before exp onths or after 1	iration date, or the 25 Alcoholic Bre	e alcoholic breath eath Simulator tests,
I certify that on procedures were Department of I	the day of e performed on the instrument Health and Human Services, a	indicated above, in and the instrument is fi	ر 20 علم بالم ecordance with enctioning pro	the forgoing previous current regulation	ventive maintenance ons of the N.C.
COLUMN VALUE OF THE CAREAU AND SECTION WAS SECTION VALUE OF THE CAREAU AND SECTION OF THE CAREAU	SOLUM CAROLINA	Signature of Certifyin	p Official		tificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 07/01/2009

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

Subject'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: 01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	1:49pm 1:50pm 1:51pm 1:51pm 1:52pm 1:53pm 1:54pm 1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 328
Test Date: 07/01/2009 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:58pm

1:58pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	A AMARIE	Instrument Lo	cation	MARAN	12 CO	ンパフと
Instrumen	t Serial No. <u>08853</u>	<u>109 S</u>	MAPIE	57	6114+4	Any, X
The preve	ntive maintenance procedures for th	e Intoximeters, Mode	l Intox EC/IF	R II to be fol	lowed at least	once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		or the alcoho	olic breath si	mulator therm	ometer show
2.	Verify instrument displays t	time and date;				
3.	Initiate breath test sequence	,,				
4.	Enter information as promp	ted;				
5.	Verify instrument accuracy;	;				
6.	When "PLEASE BLOW" a	appears, collect breath	sample;			
7.	When "PLEASE BLOW" a	appears, collect breath	sample;			
8.	Print test record;					
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being chang changed every four m	ged before ex onths or after	piration date 125 Alcoho	e, or the alcoholic Breath Sin	olic breath nulator tests,
I certify the procedure Department	nat on the/ day of	indicated above, in a nd the instrument is f	, 20 <u>.0 9</u> ccordance wi unctioning pr	_ the forgoi th current re coperly.	ng preventive egulations of th	maintenance ne N.C.
CORPA SEA		J Chause	o Official		65d	Number
	, , , , , , , , , , , , , , , , , , ,	Signature of Certifyin	g Official		Certificate	Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 07/01/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2008-01/01/2010

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:43am 10:44am 10:45am 10:45am
AIR BLK SUB TEST	.00	10:46am 10:48am
AIR BLK	.00	10:49am

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 312
Test Date: 07/01/2009 Test Time: 10:51am EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	10:52am
Pass	10:52am
Pass	10:52am
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:52am

Time

10:53am

Printer Tests

Status

Test

CAL

PRNT	Pass	10:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:53am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AL	AMANCE Instrument Location ALMMANCE CO. TAIL
Instrument Seria	100.008913 109 S. MAPIE ST GRATUM, NE
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
OF THE STATE OF N.	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/01/2009

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

Subject'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:
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:41am 10:42am 10:43am 10:44am 10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 464 Test Date: 07/01/2009 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test	Status	Time
PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:50am 10:50am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GRA	NVILLE	Instrument Location	CREEDA	10012	
Instrument Seria	1No. 008641	III MASONIC	<u> 5π. ()</u>	REEDM	10UR, NC
The preventive n four months are:	naintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be	e followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic brea	th simulato	r thermometer shows
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; and	d			
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.				
	he day of upperformed on the instrument indealth and Human Services, and t			rgoing prev nt regulation	ventive maintenance ons of the N.C.
OF ME STATE OF AN		Smith			637
	Sign	ature of Certifying Offic	ial	Cer	tificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 07/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	3:33pm 3:34pm 3:34pm 3:35pm 3:36pm 3:37pm 3:38pm
AIR BLK	.00	3:39pm

Reported AC: #00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 433 Test Date: 07/02/2009 Test Time: 3:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	
Toat	Ctatue	Time

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_6/	PHYLLE	Instrument Location CREA	Po
Instrument Seri	al No. <u>208773</u>	204 E. Mª CLANAHANS	T. ONFORD, NC
The preventive four months are		Intoximeters, Model Intox EC/IR II to be for	bllowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath s legree centigrade;	imulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; as	nd	
10.		nister is being changed before expiration da anged every four months or after 125 Alcoh	
I certify that on procedures were Department of I	theday of e performed on the instrument in Health and Human Services, and	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	CAROLINI THE CAROLINI	A 1 m	1 7 17
Williams	Sig	nature of Certifying Official	Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Date: 07/02/2009

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

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

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

Analyst's Name: SMITH, BRIAN D Permit Number: 08937E Effective: 12/01/2007-12/01/2009

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	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Record Number: 252
Test Date: 07/02/2009 Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
BT	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Havedorson Instrument Location CHT Mobile Unit 4
Instrume	nt Serial No. <u>OO 887(</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every of the are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the
STATE OF A STATE OF S	Signature of Certifying Official Certificate Number

HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008871 Test Record Number: 127
Test Date: 07/03/2009 Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17pm 11:17pm

Preventive Maintenance Status: Pass

Analyst

HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008871 Test Date: 07/03/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HC	ywood Instrument Location BAT Mobile Unit 4
Instrument Se	rial No. <u>CC 8871</u>
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the graph day of health and Human Services, and the instrument is functioning properly.
OTHE STATE	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY BAT MOBILE UNIT 4 430

Serial Number: 008871 Test Record Number: 124
Test Date: 07/02/2009 Test Time: 8:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
BT	Pass	8:41pm

Blank Tests

Test	Status	Time
ATR	Pass	8 · 4 2 mm

Printer Tests

Test	Status	Time
PRNT	Pass	8:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:42pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

HAYWOOD COUNTY BAT MOBILE UNIT 4 430

Serial Number: 008871 Test Date: 07/02/2009

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

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:31pm
AIR BLK	.00	8:32pm
ACCY CHK	.07	8:33pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm
SUB TEST	.00	8:37pm
ATR RIK	. 0.0	8:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Amaluat

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II Sender Instrument Location AT MAIS 1/2 (11)
Instrument Seri	al No. <u>008898</u> <u>W.1d1.2e</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.
I certify that on procedures wer Department of	theday of, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898 Test Record Number: 252 Test Date: 07/05/2009 Test Time: 2:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:07pm 2:07pm
FC	Pass	2:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:08pm 2:08pm

Preventive Maintenance Status: Pass

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898 Test Date: 07/05/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:58pm 1:59pm
ACCY CHK	.07	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Hangwere Instrument Location 16 ATM66 Je Un		
Instrument Serial No. 00898 Wildlife			
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
I certify that procedures w Department of	on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
ORE STATI	Signature of Certifying Official Certificate Number		

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 247 Test Date: 07/04/2009 Test Time: 5:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:13pm
SRC	Pass	5:13pm
DET	Pass	5:13pm
BAR	Pass	5:13pm
BT	Pass	5:13pm

Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:14pm

Pass

5:14pm

Preventive Maintenance Status: Pass

CAL

Analyst

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 07/04/2009

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

Subject'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: 02/01/2008-02/01/2010

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:06pm 5:07pm
ACCY CHK AIR BLK	.07	5:07pm 5:08pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:11pm
AIR BLK	.00	5:12pm

Reported AC:

Signature of Chemical Analyst

Court CVR.

PREVENTIVE MAINTENANCE RECORD

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

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

Signature of Certifying Official

Certificate Number

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 227 Test Date: 07/04/2009 Test Time: 5:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:23pm
FLO	Pass	5:23pm
FC	Pass	5:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:23pm
SRC	Pass	5:23pm
DET	Pass	5:23pm
BAR	Pass	5:23pm
BT	Pass	5:23pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	5.24pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:24pm 5:24pm

Preventive Maintenance Status: Pass

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/04/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	5:13pm
AIR BLK	.00	5:14pm
ACCY CHK	.07	5:14pm
AIR BLK	.00	5:15pm
SUB TEST	.00	5:16pm
AIR BLK	.00	5:17pm
SUB TEST	.00	5:18pm
AIR BLK	.00	5:19pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C.Moch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the ______ day of _______, 2009 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.



Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 222
Test Date: 07/03/2009 Test Time: 8:33pm 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
ATR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:35pm

Preventive Maintenance Status: Pass

Pass

CAL

8:35pm

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 07/03/2009

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

Subject'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:
02/01/2008-02/01/2010

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:28pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

L.C./Mode
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	(195/00) Instrument Location (3 ATMOBILE WINTE
Instrument	Serial No. COBAGY JACKSUNUME
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
GREAT FOR THE GR	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Record Number: 242
Test Date: 07/03/2009 Test Time: 8:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:27pm 8:27pm
FC	Pass	8:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:27pm
SRC	Pass	8:27pm
DET	Pass	8:27pm
BAR	Pass	8:27pm
BT	Pass	8:27pm

Blank Tests

Test	Status	Time
AIR	Pass	8:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:28pm 8:28pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 07/03/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	8:18pm
AIR BLK	.00	8:19pm
ACCY CHK	.07	8:20pm
AIR BLK	.00	8:21pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:24pm
AIR BLK	.00	8:25pm

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	New Hanover Instrument Location BAT Mabile Unit 6
Instrument	Serial No. 008898 5HP
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmer	at on the
GREAT SET SET SET SET SET SET SET SET SET SE	

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 225 Test Date: 07/02/2009 Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	9 • 5 0 mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:51pm 9:51pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 07/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:41pm 9:42pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

H-C/MMAR Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County New	1 Hanover Instrument Location BAT Mobile Unit
	No. 008939 SAP
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of Ho	he day of , 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE COUNTY OF THE STATE OF NO.	Signature of Certifying Official Certificate Number

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 210 Test Date: 07/02/2009 Test Time: 9:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:44pm 9:44pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 07/02/2009

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

Subject'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:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	9:34pm
AIR BLK	.00	9:35pm
ACCY CHK	.07	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:40pm
ATR BLK	.00	9:41pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ew Hanover Instrument Location BAT Mobile Unitle
Instrument Ser	rial No. 008869 Instrument Location BAT Mobile Unitle
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	CAROL

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Record Number: 167
Test Date: 07/02/2009 Test Time: 9:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:38pm

Printer Tests

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

9:38pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 07/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:30pm 9:31pm 9:31pm
AIR BLK	.00	9:32pm
SUB TEST AIR BLK	.00 .00	9:33pm 9:34pm
SUB TEST AIR BLK	.00	9:35pm 9:36pm

Reported AC: .09/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

Made

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location	SHP	BAT LOVIT
Instrument Se	rial No. <u>008970</u>		RALEI	· <u>G-H</u>
The preventive four months a	e maintenance procedures for the re:	Intoximeters, Model Intox I	EC/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the a degree centigrade;	lcoholic breath s	simulator thermometer shows
2.	Verify instrument displays tit	me and date;		
3.	Initiate breath test sequence;			·
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	4	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	· •	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor nanged every four months or	ore expiration da after 125 Alcol	te, or the alcoholic breath holic Breath Simulator tests,
I certify that of procedures we Department of	on the day of ere performed on the instrument in f Health and Human Services, and	, 20 <u>C</u> ndicated above, in accordand the instrument is functioni	the forgo	oing preventive maintenance regulations of the N.C.
ARE 12 OF SEA CHANNO	- Little	gnature of Certifying Offici	al	636 Certificate Number

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

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910 Test Record Number: 72 Test Date: 07/01/2009 Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:01pm 1:01pm
FC	Pass	1:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

Blank Tests

Test	Status	Time
ATR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:02pm

1:02pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910 Test Date: 07/01/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG825401 Exp Date: 09/10/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location_	SHP	1347	Mrs 17
Instrument	Serial No. <u>008929</u>		RALE	6+1	
The prevent	tive maintenance procedures for the In	toximeters, Model Intox I	EC/IR II to be for	ollowed at least	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lcoholic breath	simulator therm	ometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	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 char whichever occurs first.	ster is being changed before aged every four months or	ore expiration da after 125 Alco	nte, or the alcoh holic Breath Sir	olic breath nulator tests,
I certify that procedures Department	t on theday of were performed on the instrument ind of Health and Human Services, and t	icated above, in accordan he instrument is functioni	29 the forgon the forgon the current of the property.	oing preventive regulations of t	maintenance he N.C.
N. U.S. V.	THE O'NORTH CAROLINA SIGN	ature of Certifying Offici	al de la constant de	Certificate	36 Number

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

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Record Number: 167 Test Date: 07/01/2009 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

Printer Tests

CAL

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

Pass

12:25pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Date: 07/01/2009

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

Subject'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:

12/01/2007-12/01/2009

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	12:03pm 12:04pm 12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:06pm
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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Jo</u>	HNSTON Instrument Location CLATTON Paice Dept
Instrument Seria	INO. 008658 CLAYTON, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
STATE OF A	Contraction of the second seco
	Signature of Certifying Official Certificate Number

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 07/01/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:46pm
ACCY CHK	.08	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 326
Test Date: 07/01/2009 Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:54pm

1:54pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIDSON	Instrument Location_	BAT MOBILE	UNIT 3
Instrumen	t Serial No. <u>008707</u>		BAT MOBILE SOUTHMONT	, NC
The preve	ntive maintenance procedures for the has are:	Intoximeters, Model Intox I	EC/IR II to be followed at le	east once every
1,	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		coholic breath simulator the	ermometer shows
2.	Verify instrument displays tim	e and date;		•
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! ;		
5.	Verify instrument accuracy;		•	
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		,
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
I certify that procedures Departmen	at on the <u>64</u> day of <u>5</u> were performed on the instrument ind t of Health and Human Services, and t	icated above, in accordance the instrument is functioning	29 the forgoing preventing with current regulations of g properly.	ve maintenance f the N.C.
WYDO SEST	CAROLINA	Q. 3	-e (a)	10

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

Signature of Certifying Official

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Date: 07/04/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:

12/01/2007-12/01/2009

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

Lot Number: AG902001

Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celm Ry Bons
Apalyst

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707 Test Record Number: 346
Test Date: 07/04/2009 Test Time: 3:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:31pm
FLO	Pass	3:31pm
FC	Pass	3:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:31pm
SRC	Pass	3:31pm
DET	Pass	3:31pm
BAR	Pass	3:31pm
BT	Pass	3:31pm

Blank Tests

Test	Status	Time
AIR	Pass	3:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:32pm
	CRC Tests	
Test	Status	Time

Pass

Pass

3:32pm

3:32pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location_	BAT MOBILE	
Instrumen	nt Serial No. <u>008616</u>		CHARLOTTE,	NC
The preve	ntive 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		alcoholic breath simulator	thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;	se e		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	·	·	
6.	When "PLEASE BLOW" appear	ars, collect breath sample	2;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample	; ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
I certify th procedures Departmer	at on the <u>Q3</u> day of <u>Jo</u> s were performed on the instrument indicated of Health and Human Services, and the	cated above, in accordan	<u>09</u> the forgoing prever ce with current regulations ng properly.	ntive maintenance of the N.C.
GREAT SE	alle	a Berrifying Officia		0 4 8 cate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/03/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG722601

Lot Number: AG722601 Exp Date: 08/13/2009

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

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: 539
Test Date: 07/03/2009 Test Time: 11:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18pm
FLO	Pass	11:18pm
FC	Pass	11:18pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:18pm 11:18pm
DET	Pass	11:18pm
BAR	Pass	11:18pm
BT	Pass	11:18pm

Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	CKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Ser	rial No. OO8647 CHARLOTE, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the O3 day of JULY, 2009 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF OWN TO 1775	alun Ray Bans 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 07/03/2009

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

Subject'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:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	11:13pm 11:14pm
ACCY CHK AIR BLK	.07	11:15pm 11:16pm
SUB TEST	.00	11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 07/03/2009

Test Record Number: 536 Test Time: 11:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:21pm

Preventive Maintenance Status: Pass

Pass

CAL

11:21pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location BAT MOBILE UNIT 3
Instrumer	nt Serial No. <u>608707</u>	CHARLOTTE, NC
The preve	-	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 show degree centigrade;
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 sample;
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and .
10.		anister is being changed before expiration date, or the alcoholic breath nanged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	s were performed on the instrument is	the forgoing preventive maintenance ndicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
OREA CREATER STATE OF	CAROLINA	- Ray Banes 1048

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

Signature of Certifying Official

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 07/03/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:38pm 11:40pm 11:40pm 11:41pm
SUB TEST	.00	11:41pm
AIR BLK	.00	11:42pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 344
Test Date: 07/03/2009 Test Time: 11:45pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:46pm 11:46pm 11:46pm 11:46pm 11:46pm
		— <u>-</u> -

Blank Tests

Test	Status	Time
ΔTR	Pagg	11.46pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47pm

11:47pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREDELL Instr	rument Location BAT MOBILE UNIT 3
Instrumen	nt Serial No. <u>608616</u>	MOORESVILLE, NG
The preve		ers, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cen	pressure, or the alcoholic breath simulator thermometer shows tigrade;
2.	Verify instrument displays time and dat	e;
3.	Initiate breath test sequence;	•
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, coil	ect breath sample;
7.	When "PLEASE BLOW" appears, coll	ect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.	eing changed before expiration date, or the alcoholic breath ry four months or after 125 Alcoholic Breath Simulator tests,
procedures	hat on the	, 2009 the forgoing preventive maintenance pove, in accordance with current regulations of the N.C. ment is functioning properly.
IN CREAT SET	TATE OF NORTH	Ben 648

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

Signature of Certifying Official

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 07/05/2009

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

Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:55pm 3:56pm 3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Record Number: 546
Test Date: 07/05/2009 Test Time: 4:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:02pm
FLO	Pass	4:02pm
FC	Pass	4:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:03pm
SRC	Pass	4:03pm
DET	Pass	4:03pm
BAR	Pass	4:03pm
BT	Pass	4:03pm

Blank Tests

Test	Status	Time
AIR	Pass	4:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:03pm 4:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROWAN Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. 008616 CHINA GROVE, 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 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 11 day of JOLY , 2009 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.
TAR IL OF CHARLES OF C	alun Ry Banes 648
	Signature of Certifying Official Certificate Number

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

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008616 Test Date: 07/11/2009

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

12/01/2007-12/01/2009

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

Lot Number: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:12pm 10:13pm 10:14pm 10:15pm 10:15pm 10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:18pm 10:19pm
WIK DIV	.00	TO:TAbiu

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

ROWAN 'COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008616 Test Record Number: 549 Test Date: 07/11/2009 Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:20pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROWAN	Instrument Location_	BAT MOBILE UNIT
Instrument S	erial No. <u>008647</u>		BAT MOBILE UNIT CHINA GROVE, NC
The prevention four months a		ntoximeters, Model Intox E	CC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		coholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	on the day of	cated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE STATE OF THE S	CAROL NO.	Ra Ben	-x 648

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

Signature of Certifying Official

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647 Test Date: 07/11/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:15pm 10:16pm 10:16pm 10:17pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROWAN COUNTY BAT MOBILE UNIT 3 790

Serial Number: 008647 Test Record Number: 545
Test Date: 07/11/2009 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22rpm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ro	aufort Instrument Location Peaufort Co Courthou
Instrument Se	ial No. 008909 102 F. 2 rdst., Washington, M.C.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 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 3/2 day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/31/2009

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

Subject'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:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	1:25pm
AIR BLK	.00	1:26pm
ACCY CHK	.08	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 480 Test Date: 07/31/2009 Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:33pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Test:	S
Test	Status	Time

COMP 1:33pm Pass CAL Pass 1:34pm

Preventive Maintenance Status: Pass