PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	JESEN -	Instrument Location	MORLINA	P.0
Instrument Seria	1 No. 00845	101 MAIN ST	. WORLING	Y NC
The preventive r	maintenance procedures for the In	toximeters, Model Intox EC	/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		holic breath simulate	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before nged every four months or at	expiration date, or the fler 125 Alcoholic Br	ne alcoholic breath eath Simulator tests,
I certify that on procedures were Department of H	the	icated above, in accordance he instrument is functioning	the forgoing pre with current regulati properly.	eventive maintenance ons of the N.C.
OTHE STATE OF ANY OF THE STATE OF ANY OF THE STATE OF ANY OF THE STATE	Sign	nature of Certifying Official	<u>6</u>	rtificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 06/30/2009

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:
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 .08	11:38am 11:39am 11:40am
AIR BLK SUB TEST	.00	11:41am 11:41am
AIR BLK	.00	11:42am
SUB TEST AIR BLK	.00 .00	11:43am 11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 106 Test Date: 06/30/2009 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

Status	Time
Pass	11:46am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	1 1:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

11:47am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	LLEN Instrument Location WALLEN CO. JAK
Instrument Seria	100. 008793 twy 58 walkaton, 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.
procedures were	the 30 day of 3004, 2001 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A PARTY OF THE STATE OF THE STATE OF A PARTY OF THE STATE OF THE	A. R. O. Auto
	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 06/30/2009

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:
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	12:34pm 12:36pm 12:36pm 12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
ATR BLK	. 0.0	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 200 Test Date: 06/30/2009 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HATLA	Instrument Location /Sat fue	BILG CLUIT 5
Instrument Ser	rial No. <u>00860</u> .	SOME THE ACCESS	AREA TERIAN LAKE
The preventive four months ar		for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas 34 degrees, plus or mi	canister displays pressure, or the alcoholic breatl nus .2 degree centigrade;	a simulator thermometer shows
2.	Verify instrument disp	plays time and date;	
3.	Initiate breath test seq	uence;	
4.	Enter information as p	prompted;	
5.	Verify instrument acc	uracy;	
6.	When "PLEASE BLC	W" appears, collect breath sample;	
7.	When "PLEASE BLC	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pro	gram; and	
10.	Verify that the ethano simulator solution is b whichever occurs first	I gas canister is being changed before expiration being changed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that o procedures we Department of	on theday of ere performed on the instru f Health and Human Servi	, 20 <u>y</u> the for ument indicated above, in accordance with currences, and the instrument is functioning properly.	going preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	CAROUM MANUAL TO THE PARTY OF T	Signature of Certifying Official	Certificate Number

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008600 Test Record Number: 508 Test Date: 06/27/2009 Test Time: 4:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:53pm
SRC	Pass	4:53pm
DET	Pass	4:53pm
BAR	Pass	4:53pm
BT	Pass	4:53pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	4 · 53pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:54pm

4:54pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008600 Test Date: 06/27/2009

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: 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:38pm 4:39pm 4:40pm 4:40pm 4:41pm 4:42pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CH4Than	Instrument Location 1847 Unc	Bile lent #5
Instrument	Serial No. <u>608788</u>	SEAFSETT Access A	264- Jul DAU LANE
The prever		ne Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breat 2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	2,	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	at on theday ofi s were performed on the instrument at of Health and Human Services, a	the formula to the indicated above, in accordance with current and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
CO SECULATION OF SECURITION OF SECURITICS OF SECURITION OF	ATE OF NO BLANCE CAROLLAND ANY VIDENT	10 TIISYN	636
		Signature of Certifying Official	Certificate Number

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008788 Test Record Number: 214
Test Date: 06/27/2009 Test Time: 4:58pm EDT

System Check: Passed

Baseline Tests

Test S	Status	Time
FLO I	Pass Pass Pass	4:58pm 4:58pm 4:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:59pm
SRC	Pass	4:59pm
DET	Pass	4:59pm
BAR	Pass	4:59pm
BT	Pass	4:59pm

Blank Tests

Test	Status	Time
AIR	Pass	4:59pm

Printer Tests

Status

Time

4:59pm

Test

ÇAL

PRNT	Pass	4:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:59pm

Preventive Maintenance Status: Pass

Pass

Analyst

CHATHAM COUNTY BAT MOBILE UNIT 5 180

Serial Number: 008788 Test Date: 06/27/2009

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: 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 AIR BLK	Pass .00 .08 .00	4:42pm 4:43pm 4:44pm 4:44pm
SUB TEST	.00	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:48pm
AIR BLK	.00	4:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE	Instrument Location Bot V	nobile last #
Instrument S	Gerial No. 008698	Instrument Location Bot V	Boro
The preventi four months		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic br 2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	2;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expirati changed every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the 26 day of were performed on the instrument of Health and Human Services, a	162 2009 the tindicated above, in accordance with curand the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
TATE STATE OF THE	tere	Signature of Certifying Official	Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Record Number: 359
Test Date: 06/26/2009 Test Time: 11:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:13pm
FLO	Pass	11:13pm
FC	Pass	11:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:13pm
SRC	Pass	11:13pm
DET	Pass	11:13pm
BAR	Pass	11:13pm
BT	Pass	11:13pm

Blank Tests

Test	Status	Time
ATR	Pass	11.14pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Date: 06/26/2009

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: AG723401 Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE Instrument Location ISAT WOBILE LENT	<u>-</u> S
Instrument	Serial No GOLDS BORG	
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 should degree, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
I certify the procedures Departmen	at on the	се
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number	_

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788 Test Record Number: 210 Test Date: 06/26/2009 Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:41pm

Printer Tests

Status

Test

COMP

CAL

PRNT	Pass	11:41pm
	CRC Tests	
Test	Status	Time

Time

11:41pm 11:41pm

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788 Test Date: 06/26/2009

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

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Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:32pm 11:33pm 11:34pm 11:35pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE	Instrument Location \(\mathcal{ZAT} \) \(\mathcal{Instrument} \)	obile unit to
Instrument	t Serial No. <u>008600</u>	Golden	36,20
The prever		e Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canistom 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration danged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures	s were performed on the instrument i	, 2009 the forg indicated above, in accordance with current id the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE GREAT SO.	ATE OF NORTH	Le C. May	636
	Si	ignature of Certifying Official	Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Record Number: 502 Test Date: 06/26/2009 Test Time: 11:10pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:11pm
Pass	11:11pm
Pass	11:11pm
	Pass Pass

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Date: 06/26/2009

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

mit 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
エニコに	9/2100	エエルロニ

DIAG	Pass	11:01pm
AIR BLK	.00	11:02pm
ACCY CHK	.07	11:03pm
AIR BLK	.00	11:03pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:08pm
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	NECKLENBURG Instrument Location BAT MOBILE UNIT	3
Instrument S	PECKLENBURG Instrument Location BATMOBILE UNIT erial No. 008707 HUNTERSVILLE, DC	<u>.</u>
The prevent four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve are:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	10WS
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
procedures w	on the	nce
STATE STATE OF THE	# CAROLLING COLOR OF THE CAROLUNG COLOR OF THE CAR	
ESE QUAN VI	Churchy Bams 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: 008707 Test Date: 06/27/2009

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: 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	4:35pm
AIR BLK	.00	4:36pm
ACCY CHK	.08	4:37pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 339
Test Date: 06/27/2009 Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:42pm 4:42pm
FC	Pass	4:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
BT	Pass	4:42pm

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:43pm 4:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrument S	MECKLENBURG Instrument Location BAT MOBILE UNIT GERIAL NO. 008647 HUNTERSVILLE, NC
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.
procedures we	on the
STATE WAS STATE OF THE STATE OF	CAROLLA COMPANY OF THE PROPERTY OF THE PROPERT
STATE OF CHAM AND	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: 06/27/2009

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: 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 SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:14pm 4:15pm 4:15pm 4:16pm 4:17pm 4:17pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647

Test Record Number: 528

System Check: Passed

Baseline Tests

Test	Status	Time
FLO	Pass Pass Pass	4:22pm 4:22pm 4:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:22pm
SRC	Pass	4:22pm
DET	Pass	4:22pm
BAR	Pass	4:22pm
BT	Pass	4:22pm

Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:23pm 4:23pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrumer	MECKLENBURG Instrument Location BAT MOBILE UNIT 3 at Serial No. OCEOLG HUNTERSVILLE, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Departmen	at on the
CREATE CREATE STATE OF STATE S	Alm Ray Bonne (1949)

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 06/27/2009

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: 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	4:07pm 4:08pm
ACCY CHK	.07	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 531 Test Date: 06/27/2009 Test Time: 4:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	4:15pm 4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
${ t BT}$	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:15pm 4:15pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	EW HONOVER Instrument Location WILMING EUN
Instrument Se	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.
procedures w	on the
CAR JOHN TO THE PART OF THE PA	Carlana Rivera 634

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/25/2009

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: 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: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	5:46pm
AIR BLK	.00	5:47pm
ACCY CHK	.08	5:48pm 5:49pm
AIR BLK SUB TEST	.00	5:49pm
AIR BLK	.00	5:50pm
SUB TEST	.00	5:52pm
ATR BLK	.00	5:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anafyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 825 Test Date: 06/25/2009 Test Time: 5:55pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	5:55pm
SRC	Pass	5:55pm
DET	Pass	5:55pm
BAR	Pass	5:55pm
BT	Pass	5:55pm

Blank Tests

Test	Status	Time
AIR	Pass	5:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:56pm

Pass

5:56pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Daskin Instrument Location War sow
Instrument Ser	ial No. 8894 - 18LICE DESC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of, 20, 20
THE STATE OF THE S	Jul Admin King 6301

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 06/04/2009

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: 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	5:37pm 5:38pm 5:38pm
AIR BLK	.00	5:39pm
SUB TEST AIR BLK	.00 .00	5:40pm 5:41pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 115 Test Date: 06/04/2009 Test Time: 5:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:50pm
FLO	Pass	5:50pm
FC	Pass	5:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:50pm
SRC	Pass	5:50pm
DET	Pass	5:50pm
BAR	Pass	5:50pm
BT	Pass	5:50pm

Blank Tests

Test	Status	Time
AIR	Pass	5:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:51pm
	and master	

CRC Tests

Test	Status	Time
COMP	Pass	5:51pm
CAL	Pass	5:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II - Mobile 4n. 76 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. 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 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. day of___ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898 Test Record Number: 216
Test Date: 06/27/2009 Test Time: 3:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

Printer Tests

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

iest	Status	rime
COMP	Pass	3:48pm
CAL	Pass	3:48pm

Preventive Maintenance Status: Pass

Analyst

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898 Test Date: 06/27/2009

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: 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 .00	3:35pm 3:36pm
ACCY CHK	.07	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Be	Cautort Instrument Location BAT Mobile Unit
Instrument Serial	No. 008898
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 12 day of 1000, 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 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.

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898 Test Record Number: 194
Test Date: 06/12/2009 Test Time: 4:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
BT	Pass	4:40pm

Blank Tests

Test	Status	Time
AIR	Pass	4:41pm

Printer Tests

m	0 + - +	m !
	CRC Tests	
PRNT	Pass	4:41pm
Test	Status	Time

Tesc	Status	TIME
COMP	Pass	4:41pm
CAL	Pass	4:41pm

Preventive Maintenance Status: Pass

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898 Test Date: 06/12/2009

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	Pass .00 .07	4:31pm 4:32pm 4:32pm 4:33pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
ATR BLK	. 00	4:380m

Reported AC: 100 g/210I

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

County	Eaufort Instrument Location BAT Mobile United
Instrument S	erial No. <u>008869</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w	on the
O THE STATE OF THE	

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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008869 Test Record Number: 159
Test Date: 06/13/2009 Test Time: 9:53pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9 · 54pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:55pm

Preventive Maintenance Status: Pass

Analyst

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008869 Test Date: 06/13/2009

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: 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	9:46pm 9:47pm
ACCY CHK	.07	9:48pm
AIR BLK	.00	9:49pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:52pm

Reported ACx / 00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX 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. 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. day of Jane , 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.

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 BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Record Number: 161 Test Date: 06/19/2009 Test Time: 11:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:24pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/19/2009

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 SUB TEST	Pass .00 .07 .00 .00	11:15pm 11:16pm 11:17pm 11:18pm 11:18pm 11:19pm 11:21pm
AIR BLK	.00	11:22pm

Reported AC: .09/g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD

County O	1NIONIVIETERS, WODEL INTOX ECTR II 15/04 Instrument Location BAT M65. Le Unit C
Instrument Se	hadaan Milamila
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.
I certify that procedures w Department of	on the
TATE OF COMMENTATION OF THE PROPERTY OF THE PR	Signature of Certifying Official Certificate Number

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Record Number: 200 Test Date: 06/19/2009 Test Time: 11:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1J:44pm
FLO	Pass	11:44pm
FC	Pass	11:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:45pm
SRC	Pass	11:45pm
DET	Pass	11:45pm
BAR	Pass	11:45pm
BT	Pass	11:45pm

Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45pm 11:45pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 06/19/2009

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

mq3
5pm 7pm
3pm
9pm
mqC
lpm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

S C. Mocle

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX ECTR II end- Instrument Location SAT Mobile Unit
Instrument Ser	ial No. <u>008939</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of day of , 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE 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.

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008939 Test Record Number: 205 Test Date: 06/27/2009 Test Time: 3:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:56pm
FLO	Pass	3:56pm
FC	Pass	3:56pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:56pm 3:56pm
DET	Pass	3:56pm
BAR BT	Pass Pass	3:56pm 3:56pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008939 Test Date: 06/27/2009

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: 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	3:45pm
AIR BLK	.00	3:47pm
ACCY CHK	.07	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:51pm
AIR BLK	.00	3:52pm

€0% g/210L Reported AC:

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; 4. Enter information as prompted; 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.

I certify that on the day of Jun 0, 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

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: 008898 Test Record Number: 221
Test Date: 06/28/2009 Test Time: 3:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:04pm
FLO	Pass	3:04pm
FC	Pass	3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
λΤΡ	Dacc	3 • 05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:05pm 3:05pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 06/28/2009

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	2:53pm 2:54pm 2:55pm
AIR BLK SUB TEST	.00 .00	2:55pm 2:56pm
AIR BLK	.00	2:57pm
SUB TEST AIR BLK	.00 .00	2:58pm 2:59pm

Reported AC: .90/g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	INTOXIMETERS, MODEL INTOX ECTR II Encler Instrument Location SAT Mobile 44
Instrument S	erial No. 008898 Wildlife
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 STATE OF THE S	L. C. Marie Con 1
	Signature of Certifying Official Certificate Number

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

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898 Test Record Number: 216
Test Date: 06/27/2009 Test Time: 3:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

3:48pm

CAL

Ánalyst

PENDER COUNTY BAT MOBILE UNIT 6 700

Serial Number: 008898 Test Date: 06/27/2009

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: 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	3:35pm
AIR BLK	.00	3:36pm
ACCY CHK	.07	3:36pm
AIR BLK	.00	3:37pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC:

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	Diff Instrument Location BATMobile Unital
Instrument S	erial No. 008898 ECY
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.
procedures w	on the 2 G day of The , 20 Of 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.
OF THE STATI	

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

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008898 Test Record Number: 207
Test Date: 06/26/2009 Test Time: 10:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Time

Printer Tests

Status

Test

PRNT	Pass	10:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:17pm 10:17pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008898 Test Date: 06/26/2009

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	10:07pm 10:08pm
ACCY CHK	.07	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm

Reported AC: 00 g/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location BAT Mobile Chit
Instrument Seri	al No. <u>608939</u> <u>FCC1</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 were Department of I	the 26 day of 502, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

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

PITT COUNTY BAT MOBILE UNIT 6 730

Test Record Number: 201 Serial Number: 008939 Test Date: 06/26/2009 Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:28pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

Test

CAL

Status Time

10:29pm

PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:29pm

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

PITT COUNTY BAT MOBILE UNIT 6 730

Serial Number: 008939 Test Date: 06/26/2009

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	Pass .00 .07	10:18pm 10:19pm 10:19pm 10:20pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:26pm

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 INTOVIMETEDS MODEL INTOV FC/ID II

County	PRIVATE INTO A ECTRICATION OF SAT Mobile Unit SAT Mobile Unit SAF Mobile Unit SAF
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.
I certify that procedures w Department of	on the <u>Jo</u> day of <u>June</u> , 20 7 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.
OTHE STATI	Signature of Certifying Official Certificate Number

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Record Number: 198 Test Date: 06/20/2009 Test Time: 11:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Printer Tests

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

Preventive Maintenance Status: Pass

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 06/20/2009

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: 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	Pass	10:56pm 10:57pm
ACCY CHK	.07	10:58pm
AIR BLK	.00	10:58pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Mobile Unitle Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 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. day of June 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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Record Number: 202 Test Date: 06/20/2009 Test Time: 10:54pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:56pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

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CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Date: 06/20/2009

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: 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	10:40pm 10:41pm 10:42pm
AIR BLK	.00	10:43pm
SUB TEST	.00	10:44pm
AIR BLK	.00	10:45pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:47pm

Reported AC:

Court CVR

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

County	Instrument Location SATMSbile Cani
Instrument S	erial No. OCE 939 N. Topscil Brach
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.
l certify that procedures w Department of	on the
AND STATE STATE OF THE STATE OF	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 194 Test Date: 06/19/2009 Test Time: 11:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:33pm
FLO	Pass	11:33pm
FC	Pass	11:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:33pm
SRC	Pass	11:33pm
DET	Pass	11:33pm
BAR	Pass	11:33pm
BT	Pass	11:33pm

Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:34pm 11:34pm

Preventive Maintenance Status: Pass

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 06/19/2009

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	11:25pm
AIR BLK	.00	11:26pm
ACCY CHK	.07	11:27pm
AIR BLK	.00	11:28pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm

Reported AC:

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	<u> Instrument Location New Bern P.D.</u>
Instrument	Serial No. 0088/7
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 '	at on the
STAL STALL S	Signature of Certifying Official Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 06/09/2009

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: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:45am 11:46am 11:47am 11:48am 11:48am 11:49am
SUB TEST	.00	11:49am
AIR BLK	.00	11:52am

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

Karly E-Hall

CRAVEN COUNTY NEW BERN PD 240

Test Record Number: 166 Serial Number: 008817 Test Date: 06/09/2009 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:52am
FLO	Pass	11:52am
FC	Pass	11:53am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Status Time

Printer Tests

Test

PRNT	Pass	11:53am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54am 11:54am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAR	texet	Instrument Location_	CARteret County
Instrument Serial	No. <u>008605</u>	SHERIFF'S	OFFICE
The preventive m four months are:	naintenance 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 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" appear	ars, collect breath sample	2;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
	performed on the instrument indicatth and Human Services, and the		the forgoing preventive maintenance ice with current regulations of the N.C. ing properly.
STATE OF NO.		y E Hall nure of Certifying Offici	al Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 06/04/2009

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: 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	9:46am
ACCY CHK	.08	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
ATR BLK	.00	9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

/ Analys

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 1080 Test Date: 06/04/2009 Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:54am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:55am

Printer Tests

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

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 Mac	
Instrument Seri	al No. 008582 Majs Hill, 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 wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 06/17/2009

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: AG723302 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:42pm 3:43pm 3:43pm 3:44pm 3:45pm 3:46pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 551 Test Date: 06/17/2009 Test Time: 3:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:50pm
FLO	Pass	3:50pm
FC	Pass	3:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time

3:51pm

3:51pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mac	
Instrument Seria	al No. 008599 Mais Hill 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
THE STATE OF MANY 20, 177,5 AND 20,	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Date: 06/17/2009

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	3:42pm
AIR BLK	.00	3:43pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Record Number: 304
Test Date: 06/17/2009 Test Time: 3:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:52pm 3:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	con Instrument Location Macon Co Magistrate
Instrument Serial	No. 008795 81 maple st. Highlands, No
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 to procedures were Department of H	the 12 day of July, 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.
STATE ON NO.	Signature of Certifying Official Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 06/12/2009

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:37pm 12:38pm 12:38pm 12:39pm
SUB TEST AIR BLK	.00	12:40pm 12:41pm
SUB TEST AIR BLK	.00 .00	12:42pm 12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 102 Test Date: 06/12/2009 Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
\mathtt{BT}	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the // day of // Out //	County ///	90017	Instrument Location_	Macon	Co.	In:/
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	Instrument Ser	ial No. <u>008789</u>	Franklin	, NC		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	•	•	Intoximeters, Model Intox	EC/IR II to be	followed at	t least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	1.			alcoholic breath	simulator	thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 tin	ne and date;			
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	3.	Initiate breath test sequence;				
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	4.	Enter information as prompte	d;			
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	5.	Verify instrument accuracy;				
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" ap	pears, 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	7.	When "PLEASE BLOW" ap	pears, collect breath sampl	le;		
Verify that the ethanol gas canister is being changed before 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; a	nd			
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being ch	nister is being changed bef anged every four months o	fore expiration d or after 125 Alco	ate, or the holic Brea	alcoholic breath th Simulator tests,
STATE OF NORTH AND THE	I certify that o procedures we Department of	n theday of re performed on the instrument in Health and Human Services, and	figure, 20 dicated above, in accordant the instrument is function		;oing preve regulation	entive maintenance as of the N.C.
Signature of Certifying Official Certificate Number	STATE OF THE STATE	A CONTROL OF THE CONT	R. Cath	vial .		

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 06/11/2009

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: 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: AG722701 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:34am 10:34am 10:35am 10:36am
SUB TEST AIR BLK	.00	10:36am 10:37am
SUB TEST AIR BLK	.00	10:38am 10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onif R. luth

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 101 Test Date: 06/11/2009 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	10:41am
SRC	Pass	10:41am
DET	Pass	10:41am
BAR	Pass	10:41am
BT	Pass	10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:41am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	CON Instrument Location Macoh Co. Jail
Instrument Seria	1 No. 008618 Franklin, 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.
1 certify that on t procedures were Department of H	the
STATE OF NO.	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 06/11/2009

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: 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: AG722701 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	10:33am
AIR BLK	.00	10:33am
ACCY CHK	.07	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 632 Test Date: 06/11/2009 Test Time: 10:39am 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	10:40am

Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jackson Instrument Location Tackson C	Co. Ja./
Instrumen	nent Serial No. 608722 Sylva, NC	
The preve	eventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followonths are:	ved at least once every
1.	 Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade; 	lator thermometer shows
2.	 Verify instrument displays time and date; 	
3.	3. Initiate breath test sequence;	
4.	4. Enter information as prompted;	
5.	5. Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, collect breath sample;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;	
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	 Verify that the ethanol gas canister is being changed before expiration date, of simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first. 	
I certify the procedure Departme	y that on the	preventive maintenance lations of the N.C.
GREAT SE	Signature of Certifying Official	635 Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 06/01/2009

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: 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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:36am 10:37am 10:38am 10:39am 10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 223 Test Date: 06/01/2009 Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:44am 10:44am 10:44am 10:44am
	- 0.00	

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FR.	ANKLIN Instrument Location FRANKLINTON POLICE DEPT
Instrument Seria	INO. DOSSIS #7 W. MASON ST. FRANKLINTON, NC
The preventive if 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 a procedures were Department of H	the
THE STATE OF A CONTROL OF A CON	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 06/25/2009

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: 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: 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	3:37pm 3:38pm 3:39pm 3:40pm 3:40pm 3:41pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 222 Test Date: 06/25/2009 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

Status	Time
Pass	3:45pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

Printer Tests

Status

Test

Time

PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:46pm 3:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKLIN	Instrument Location FRANKLIN	1 Co. JAIL
Instrument	t Serial No. <u>00 8942</u>	285 TKEMPRD LO	DUISBURG, NC
The preven	•	e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath 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 d hanged every four months or after 125 Alco	
I certify the procedures Departmen	at on the day of were performed on the instrument in that of Health and Human Services, and	フレルモ , 20 <u>ク</u> the forg ndicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
A SEE CITY OF SEE	_ \Mc	South gnature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 06/25/2009

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: 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: AG904903 Exp Date: 02/18/2011

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

.00 g/210L Reported AC:

of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 150 Test Date: 06/25/2009 Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:11pm
FLO	Pass	2:11pm
FC	Pass	2:11pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	2 · 12pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:12pm

Pass

2:12pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FR	ANKLIN Instrument Location FRANKLIN CO. JAIL
Instrument Seria	al No. 008933 285 T. KEMPRO LOUISBURG, 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.
procedures were	the
THE STATE OF MAY 20, 1775 WAS 20, 1775 ASSE QUAM VURSA ASSE QUAM VURSA	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 06/25/2009

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: 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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	2:02pm 2:03pm
ACCY CHK AIR BLK	.08 .00	2:03pm 2:04pm
SUB TEST AIR BLK	.00 .00	2:05pm 2:06pm
SUB TEST	.00	2:07pm 2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 236
Test Date: 06/25/2009 Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WASH	Instrument Location MAS H	Co. JAIL
Instrument	t Serial No. <u>00 8630</u>	NASHVILLE	NC
The prever	ntive maintenance procedures for the hs are:	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		breath 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; as	nđ	
10.		nister is being changed before expirance anged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	nat on the <u>26</u> day of <u>56</u> s were performed on the instrument in nt of Health and Human Services, and		
TO SEE THE CAREAT OF THE CAREA		anature of Certifying Official	Certificate Number

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 06/26/2009

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: 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 .00	10:45am 10:46am 10:47am 10:48am 10:48am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

wo D Andb

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 1064
Test Date: 06/26/2009 Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53 am
FC	Pass	10:53am

Temperature Tests

Status	Time
Pass	10:53am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Status

Printer Tests

Test

PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:54am
CAL	Pass	10:54am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	Instrument Location DURHAM CO. JAIL
Instrument Seri	ial No. 008859 2175. MANEUM ST. DURHAM, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the <u>26</u> day of <u>50 NE</u> , 20 <u>09</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.
OTHE STATE OF THE	Bue 1 Anth 637 Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 06/26/2009

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: AG904903 Exp Date: 02/18/2011

/----

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

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 310 Test Date: 06/26/2009 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

Status	Time
Pass	5:00pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

Test

Status Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>し</u> しょ	ALE Instrument Location LUPLE FOREST PD
Instrument Seria	AINO. 00000 401 OWEN ST. WAKE FOLEST, 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.
procedures were	the
SECOND STATE OF THE STATE OF TH	Signature of Certifying Official Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 06/23/2009

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: AG825401 Exp Date: 09/10/2010

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

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 252 Test Date: 06/23/2009 Test Time: 1:16pm 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	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
\mathtt{BT}	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time

1:17pm

1:17pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\frac{\sqrt{2}}{2}	ANGE Instrument Location (MARIEL HILL PD)
Instrument Seria	INO. 008856 888 MARTIN LUTIER KING JR. BUD CHAPEL HILL, MC
	CHAPEL HILL , MC
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the day of the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certificial Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 06/24/2009

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: ONE

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	Pass .00 .08	11:04am 11:06am 11:06am 11:07am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 294 Test Date: 06/24/2009 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13am 11:13am
FC	Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11: 1 4am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
BT	Pass	11:14am

Blank Tests

Test	Status	Time
ATR	Pass	11:14am

Printer Tests

Test	Status	Time	
PRNT	Pass	11:14am	
	CRC Tests		

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ORANGE Instrument Location CHAPER +1,11 PD
Instrumen	nt Serial No. OO8839 828 MARTIN LUTHER KING TR BIND
	CHADER TRILL PC
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 the procedure Departme	hat on the day of the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
GREAT SEA	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 06/24/2009

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:
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	Pass	11:03am
AIR BLK	.00	11:04am
ACCY CHK	.07	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 304
Test Date: 06/24/2009 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	11:12am

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PANKE	Instrument Location_	+1.11s BOR	oush	<u> 70</u>
Instrument Ser	ial No. <u>008799</u>	127 N. CH	<u>ueron 57</u>	+ tilis	BURROUGH
The preventive four months are	maintenance procedures for the:	ne Intoximeters, Model Intox	EC/IR II to be follo	owed at least of	once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the 2 degree centigrade;	alcoholic breath sin	ulator thermo	ometer 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 samp	le;		
7.	When "PLEASE BLOW"	appears, collect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed be changed every four months of	fore expiration date or after 125 Alcoho	, or the alcoholic Breath Sin	olic breath nulator tests,
procedures we	n the day of re performed on the instrument Health and Human Services, a	t indicated above, in accorda	nce with current reg	ig preventive gulations of th	maintenance ne N.C.
THE STATE OF THE PART OF THE P	COLUMN CAROLINA CAROL	Signature of Certifying Office	cial	Certificate	Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/24/2009

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:
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	Pass .00 .07	11:53am 11:54am 11:54am
ACCY CHR	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 322 Test Date: 06/24/2009 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

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

12:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Alpalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIME	TERS, MODEL INTOX EC/IR	(11
County Cle	veland	Instrument Location Clevele	and Co. S.D.
Instrument Seria	il No. <u>()()8893</u>	100 Justice Pl., 5 704 - 484 - 4888	
The preventive r		the Intoximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic breath .2 degree centigrade;	simulator thermometer show
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	çy;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	m; and	
10.	Verify that the ethanol gasimulator solution is being whichever occurs first.	s canister is being changed before expiration da g changed every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on a procedures were Department of H	performed on the instrume	the forg nt indicated above, in accordance with current and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF A PARTY OF THE STATE OF A PARTY OF THE STATE OF A PARTY OF THE STATE O	O CAROUM	BtHey D. Willis Signature of Certifying Official	557 Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 06/23/2009

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: AG901901 Exp Date: 01/19/2011

g/210L	Time
Pass .00 .08 .00	12:40pm 12:41pm 12:42pm 12:43pm 12:45pm
.00	12:46pm
.00	12:48pm
.00	12:49pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willes
Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 279
Test Date: 06/23/2009 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

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

Preventive Maintenance Status: Pass

190 Kuy D. VAnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Heland Instrument Location Cleveland Co. S.D.
Instrument Seria	1No. 008887 100 Justice Pl., Shelby 704-484-4888
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	heday of
THE STATE OF AVERT AND AVE	Belley C. Wello 5557 Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

> Serial Number: 008887 Test Date: 06/23/2009

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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	1:07pm 1:08pm
ACCY CHK AIR BLK	.07	1:08pm 1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Record Number: 355
Test Date: 06/23/2009 Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

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	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Tect	Ctatue	Time

COMP Pass 1:16 CAL Pass 1:16

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County C	therford Instrument Location Forest City P.D.
Instrument Seria	al No. 008889 1875. Church St. Forest City
	<u> </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	the 3 day of June, 20 of 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.
ON STATE OF ONE ST	Before D. William 557 Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 06/23/2009

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: 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: 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 .07 .00 .00	10:06am 10:07am 10:08am 10:08am 10:09am 10:10am
AIR BLK	.00	10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bobley D. Willis

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 186
Test Date: 06/23/2009 Test Time: 10:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

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

Blank Tests

Test	Status	'l'ime
ATR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am
	CRC Tests	
Test	Status	Time

COMP Pass 10:15am CAL Pass 10:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Do	Instrument Location Polk Co. S. D.
Instrument Seria	11 No. 008832 46 Ward St., Columbus 828-894-3001
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20
STATE OF ALL STATE	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 06/11/2009

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: 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: AG816303 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	9:29am 9:29am 9:30am 9:31am 9:32am
SUB TEST	.00	9:34am
AIR BLK	.00	9:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley W. Willis Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 162

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:38am	

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	9:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:38am

Pass

9:38am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location Kings MAn. P. D.
Instrument Seria	11No. 008900 1125. Piedmont Ave., Kings MAn. 704-734-0444
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.
	the day of, 20
THE STATE OF AN ACT OF THE STATE OF THE	Bolly O. William 55 Signature of Certifying Official Certificate Number

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 06/04/2009

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:58pm 12:59pm 1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bofly D. Willis
Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 138
Test Date: 06/04/2009 Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status Time	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:07pm 1:07pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	intoximeters, model intox ec/ir it
County R	Herford Instrument Location Rutherford Co. S. D.
Instrument Seria	No. 008914 400 N. Washington St. Rutherfortton 828-627-6247
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF N. STATE	Bolog D. Willia Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 06/02/2009

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:20am 10:21am 10:21am
AIR BLK	.00	10:23am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 276
Test Date: 06/02/2009 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FĻO	Pass	10:32am
FC	Pass	10:33am

Temperature Tests

Test	Status	Time
FC1	Pass	10:33am
SRC	Pass	10:33am
DET	Pass	10:33am
BAR	Pass	10:33am
BT	Pass	10:33am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:34am 10:34am

Preventive Maintenance Status: Pass

Bolly D. Willis

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. 2832 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the 2 day of 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. Signature of Certifying Official Certificate Number	County_5	ORRY Instrume	ent Location	- Monagara
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	Instrument S	erial No. <u>008938</u>	Pape 1	bear ment
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 2 day of 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.			Model Intox EC/IR II to b	e followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of 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.	1.			ath simulator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day day of 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.	2.	Verify instrument displays time and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	3.	Initiate breath test sequence;		
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of 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.	4.	Enter information as prompted;		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of 2000 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.	5.	Verify instrument accuracy;		
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of day of 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.	6.	When "PLEASE BLOW" appears, collect	breath sample;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the day of 2002 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.	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 day of 200 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.	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the day of 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	9.	Verify Diagnostic Program; and		
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every t		
CAR STATE OF NO THE STATE OF N	procedures w	ere performed on the instrument indicated abov	e, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
' Vignature at Continued 1 Ittigual - Continued Alumbar	TARLO LA CONTROL LA CO	NORTH CAROLINA CAROLI	rtificing Official	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 06/23/2009

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: AG723401-21 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:33pm 12:34pm 12:35pm 12:36pm 12:36pm 12:37pm 12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 138
Test Date: 06/23/2009 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:41pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	.12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:42pm 12:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location Mount Airy
Instrument	Serial No. 008943 Police Department
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.
procedure	nat on the
CALAT SEA	CAROLINA

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 06/23/2009

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: AG825401 Exp Date: 09/10/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Stewn Deon Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 378
Test Date: 06/23/2009 Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO FC	Pass Pass	2:10pm 2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	Instrument Location SURRY CO. JAI
	ial No. 008934 Instrument Location Sc. R. R. Y. Co. JAIL
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the 3 day of , 20 day of , 20 day of the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'ME STATE OF THE	

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/23/2009

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 318
Test Date: 06/23/2009 Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
FC	Pass	3:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
\mathtt{BT}	Pass	3:06pm

Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:07pm

Preventive Maintenance Status: Pass

Pass

3:07pm

CAL

Analyst

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; 2. Verify instrument displays time and date; 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. 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. I certify that on the \bigcirc day of \bigcirc day of \bigcirc 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.

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 06/25/2009

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:43am 11:43am 11:44am 11:45am 11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:49am

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 192 Test Date: 06/25/2009 Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:50am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:50am

Printer Tests

Status Time

11:51am

Test

CAL

PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:51am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOXICAL	<u> </u>
County	RANDOCPH Instrument Location RANT	DEMAN POLICE
Instrument	nent Serial No. <u>608737</u> Instrument Location RANT	MAN NC
The prever	eventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be onths are:	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.	3. Initiate breath test sequence;	
4.	4. Enter information as prompted;	
5.	5. Verify instrument accuracy;	
6.	6. When "PLEASE BLOW" appears, collect breath sample;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;	
8.	8. Print test record;	
9.	9. Verify Diagnostic Program; and	
10.	 Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first. 	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedure	fy that on the	ent regulations of the N.C.
THE GREAT SET OF		

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737 Test Date: 06/23/2009

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: AG723402 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	1:36pm 1:37pm
ACCY CHK	.07	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

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

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 190 Test Date: 06/23/2009 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

Temperature Tests

Status	Time
Pass	1:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:44pm 1:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ANDOCAH Instrument Location PANDOCPH Co. JAIL
Instrument Seri	al No. 008899 Asheboro 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.
procedures wer	the 23 day of UNE, 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.
CREATER OF THE STATE OF THE STA	

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 06/23/2009

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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:28pm 12:29pm 12:29pm 12:30pm 12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 550 Test Date: 06/23/2009 Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:36pm
FLO	Pass	12:36pm
FC	Pass	12:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:36pm
SRC	Pass	12:36pm
DET	Pass	12:36pm
BAR	Pass	12:36pm
BT	Pass	12:36pm

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:37pm 12:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Date: 06/23/2009

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: 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	11:59am 12:00pm 12:01pm 12:01pm 12:03pm 12:04pm
SUB TEST	.00	12:05pm
AIR BLK	.00	12:06pm

Reported AC: .00 g/210L

Signature/pf 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

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Record Number: 307 Test Date: 06/23/2009 Test Time: 12:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08pm
FLO	Pass	12:08pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
\mathtt{BT}	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:10pm 12:10pm

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. 1 certify that on the 22 day of 10 NE , 20 1 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	PWDOLPH Instrument Location LIBERTY POLICE DEPT.
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 22 day of 100 F, 200 f 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.	Instrument Seria	al No. 008830 LIBERTY NC
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 22 day of 10NE, 20 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 22 day of 1000 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.	1.	
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 22 day of 100 for a coordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 22 day of 100 for 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;
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the ZZ day of JUNE, 20 Q 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. 	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 22 day of 30NE, 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.	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before 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
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C.
Signature of Certifying Official Certificate Number	CREATE OF THE PROPERTY OF THE	Signature of Certifying Official Certificate Number

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 06/22/2009

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: 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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	3:53pm
AIR BLK	.00	3:53pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	.00	3:59pm

~/010T

Time

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Record Number: 159
Test Date: 06/22/2009 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:00pm 4:00pm
FC	Pass	4:00pm

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
ΔTR	Pagg	4 · 01 mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:01pm

4:01pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VA	NCE Instrument Location VANCE CO. SHERIFF'S DEI
Instrument Ser	ial No. <u>CO8937</u> 156 CHURCH ST. HENDERSON, 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 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
STATE OF THE STATE	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 06/22/2009

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: 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: AG901901 Exp Date: 01/19/2011

Test

1686	9/2100	TIME
DIAG	Dagg	2 . E 6 mm
DIAG	Pass	3:56pm
AIR BLK	.00	3:57pm
ACCY CHK	.08	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm

 $\alpha/210L$ Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 348
Test Date: 06/22/2009 Test Time: 4:06pm EDT

System Check: Passed

Baseline Tests

_ _	est .	s Time
	LO	4:06pm 4:06pm 4:06pm

Temperature Tests

Status	Time
Pass	4:07pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VAN	CE Instrument Location VANCE CO SHEETF'S DEPT
Instrument Serie	al No. 008870 156 CHURCH ST. HENDERSON, 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.
procedures were	the 22 day of 50 N R , 20 09 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 CREAT OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 06/22/2009

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: 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	3:53pm
AIR BLK	.00	3:54pm
ACCY CHK	.08	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:58pm
AIR BLK	. 00	3:590m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 132 Test Date: 06/22/2009 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
AIR	Pass	4:02pm

Printer Tests

Status	Time
Pass	4:02pm
CRC Tests	
	Status Pass CRC Tests

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Scal	Mayor Instrument Location BAT Mobile Unit 4
Instrument Seria	al No. <u>CO 8717</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the day of , 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.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY BAT MOBILE UNIT 4 820

Serial Number: 008717 Test Record Number: 172 Test Date: 06/19/2009 Test Time: 9:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:12pm 9:12pm

Preventive Maintenance Status: Pass

Analyst

SCOTLAND COUNTY BAT MOBILE UNIT 4 820

Serial Number: 008717 Test Date: 06/19/2009

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: AG723401 Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location BAT 1410	
Instrument	Serial No. <u>CO 8600</u>	Cary	
The preven		Intoximeters, Model Intox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breath sidegree centigrade;	imulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, 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.	anister is being changed before expiration dat hanged every four months or after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
procedures	s were performed on the instrument in	indicated above, in accordance with current red the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
LESS OF THE GREAT SP.	J-Clys	2 6 // Official	636 Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 497
Test Date: 06/20/2009 Test Time: 11:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21pm
FLO	Pass	11:21pm
FC	Pass	11:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:21pm
SRC	Pass	11:21pm
DET	Pass	11:21pm
BAR	Pass	11:21pm
BT	Pass	11:21pm

Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

Printer Tests

Status

Test

PRNT	Pass	11:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:22pm 11:22pm

Time

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 06/20/2009

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: 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:08pm 11:09pm 11:10pm 11:11pm 11:13pm 11:14pm
SUB TEST	.00	11:15pm
AIR BLK	.00	11:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS,	MODEL INTOX EC/	, , , , , , , , , , , , , , , , , , ,
County 6	latet In	strument Location 5	MOBILE LOUIT
Instrument Seria	al No. <u>608788</u>	CAM	
The preventive four months are	maintenance procedures for the Intoxin:	neters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c		ath simulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, or	collect breath sample;	
7.	When "PLEASE BLOW" appears, of	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.	s being changed before expiration every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures were	the day of June e performed on the instrument indicated Health and Human Services, and the instrument indicated the instr	d above, in accordance with curi	rent regulations of the N.C.
OF THE STATE OF TH	Consture	of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 207 Test Date: 06/20/2009 Test Time: 11:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:28pm 11:28pm 11:28pm 11:28pm 11:28pm

Blank Tests

Test	Status	Time
AIR	Pass	11:28pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 06/20/2009

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: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE N

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	11:18pm 11:19pm 11:19pm 11:20pm 11:21pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location_	Bat MOBILE LINIT
Instrument	Serial No. 008698		CANY
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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample	е;
7.	When "PLEASE BLOW" a	appears, collect breath sampl	е;
8.	Print test record;		
9.	Verify Diagnostic Program;	; and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed bef changed every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify th procedures Departmer	at on theday of were performed on the instrument at of Health and Human Services, a	, 20 indicated above, in accordant and the instrument is function	the forgoing preventive maintenance nee with current regulations of the N.C. hing properly.
SIST OF SIST O		Signature of Certifying Office	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 352 Test Date: 06/20/2009 Test Time: 11:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25pm 11:25pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/20/2009

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: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:15pm 11:16pm 11:16pm 11:17pm
SUB TEST	.00	11:18pm
AIR BLK SUB TEST	.00 .00	11:19pm 11:21pm
AIR BLK	.00	11:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	
Instrument Seria	11 No 008600 Ralei614
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of June, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF MARIE OF MARIE 12, 177	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Test Record Number: 491 Serial Number: 008600 Test Time: 11:43pm EDT Test Date: 06/19/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:44pm
FLO	Pass	11:44pm
FC	Pass	11:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:44pm
SRC	Pass	11:44pm
DET	Pass	11:44pm
BAR	Pass	11:44pm
BT	Pass	11:44pm

Blank Tests

Test	Status	Time
AIR	Pass	11:45pm

Printer Tests

Status

Time

Test

PRNT	Pass	11:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:45pm 11:45pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 06/19/2009

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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:27pm 11:28pm 11:29pm 11:29pm 11:30pm 11:31pm
SUB TEST	.00	11:31pm 11:32pm
AIR BLK	.00	11:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAICE	Instrument Location	BAT MO	Sile Lange #4
Instrument Seri	al No. <u>608698</u>		Roleion	
The preventive four months are	maintenance procedures for the In	itoximeters, Model Intox E	C/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the al gree centigrade;	coholic breath 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" appe	ears, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.	ster is being changed befonged every four months or	re expiration date, after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that or procedures wer Department of	the <u>19</u> day of <u>1</u> e performed on the instrument ind Health and Human Services, and t	, 20 <u>2</u> licated above, in accordance the instrument is functioning	the forgoin be with current reg ng properly.	g preventive maintenance sulations of the N.C.
OT THE STATE OF THE OWN TO THE OW		nature of Certifying Officia		Certificate Number
	Sigr	iature of Centifying Officia	11	Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 344
Test Date: 06/19/2009 Test Time: 11:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:51pm

Pass

11:51pm

Preventive Maintenance Status: Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/19/2009

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: AG723401 Exp Date: 08/21/2009

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

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	
Instrument	Serial No
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 Departmen	at on the
DO SESS A THE GREAT SO.	ATE ON THE CONTROL OF

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 204
Test Date: 06/19/2009 Test Time: 11:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:51pm
SRC	Pass	11:51pm
DET	Pass	11:51pm
BAR	Pass	11:51pm
\mathtt{BT}	Pass	11:51pm

Blank Tests

Test	Status	Time
AIR	Pass	11:52pm

Printer Tests

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

11:52pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 06/19/2009

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	Pass	11:33pm
AIR BLK	.00	11:34pm
ACCY CHK	.08	11:35pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm
SUB TEST	.00	11:39pm
ATR BLK	.00	11:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	1.1/105	Instrument Location///	ces to Courthour	
Instrument Se	rial No. <u>0088 53</u>			
The preventiv		r the Intoximeters, Model Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas ca 34 degrees, plus or minu	unister displays pressure, or the alcoholic s .2 degree centigrade;	breath simulator thermometer shows	
2.	Verify instrument display	ys time and date;		
3.	Initiate breath test sequen	nce;		
4.	Enter information as pro-	mpted;		
5.	Verify instrument accura	acy;		
6.	When "PLEASE BLOW	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Progra	am; and		
10.		as canister is being changed before expira ng changed every four months or after 12		
I certify that of procedures we Department of	on theday of ere performed on the instrume f Health and Human Services	, 20 the the triple of t	the forgoing preventive maintenance current regulations of the N.C. orly.	
CALL OF THE STATE	NOW IN CAROLINA	Signature of Certifying Official	Certificate Number	

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 06/08/2009

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	Pass	6:32pm
AIR BLK	.00	6:33pm
ACCY CHK	.08	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:35pm
AIR BLK	.00	6:36pm
SUB TEST	.00	6:38pm
AIR BLK	.00	6:39pm

Reported AG: ,.00 /g/210L

ignature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 333
Test Date: 06/08/2009 Test Time: 6:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:40pm 6:40pm
FC	rass Pass	6:40pm
I.C	rass	0.400

Temperature Tests

Status	Time
Pass	6:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:41pm

Preventive Maintenance Status: Pass

Pass

CAL

6:41pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ <i>A/</i> /	e for e	1	Instrum	ent Location_	Allechan	- 6	50.1
Instrument Seri	al No. <u>(</u>	- 208890					
The preventive four months are		nce procedures fo	r the Intoximeters,	Model Intox	EC/IR II to be follo	owed at lea	st once every
1.			nnister displays pro s .2 degree centigr		alcoholic breath sin	nulator the	rmometer shows
2.	Verify i	instrument displa	ys time and date;				
3.	Initiate	breath test seque	nce;				
4.	Enter in	nformation as pro	mpted;				
5.	Verify i	instrument accura	acy;				
6.	When "	PLEASE BLOW	" appears, collect	breath sample	; ;		
7.	When "	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print tes	st record;					
9.	Verify I	Diagnostic Progra	am; and				
10.	simulate	that the ethanol goor solution is being ver occurs first.	as canister is being ng changed every	g changed before cour months o	ore expiration date r after 125 Alcoho	, or the alco lic Breath S	oholic breath Simulator tests,
I certify that on procedures wer Department of	the e performe Health and	day ofday of ed on the instrum Human Service:	ent indicated aboves, and the instrume	, 20_e, in accordarent is function	the forgoin the with current reging properly.	ig preventi gulations of	ve maintenance f the N.C.
O'NE STATE OF THE	ZOLIM CAROLINA	<u> A</u>	Signature of Ce	rtifying Offici		Certifica	te Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 06/10/2009

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 SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	6:05pm 6:06pm 6:07pm 6:08pm 6:09pm 6:10pm 6:11pm
AIR BLK	.00	6:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 125 Test Date: 06/10/2009 Test Time: 6:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:13pm
FLO	Pass	6:13pm
FC	Pass	6:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:13pm
SRC	Pass	6:13pm
DET	Pass	6:13pm
BAR	Pass	6:13pm
BT	Pass	6:13pm

Blank Tests

Test	Status	Time
AIR	Pass	6:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:14pm 6:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ashe Instrument Location Ashe G. Ja./
Instrument S	Serial No. <u>008849</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 procedures v Department	on the
STATE OF STA	To Noger Land Control of the Control
	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 06/09/2009

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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	6:29pm 6:30pm
ACCY CHK	.07	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:32pm
AIR BLK	.00	6:33pm
SUB TEST	.00	6:35pm
AIR BLK	.00	6:35pm

Reported AC: _ .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 225
Test Date: 06/09/2009 Test Time: 6:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:48pm
FLO	Pass	6:48pm
FC	Pass	6:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:49pm
SRC	Pass	6:49pm
DET	Pass	6:49pm
BAR	Pass	6:49pm
\mathtt{BT}	Pass	6:49pm

Blank Tests

Test	Status	Time
AIR	Pass	6:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	6:49pm
CAL	Pass	6:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	CHMOND Instrument Location RICHMOND Co. MAGISTRATE
Instrument Seria	Instrument Location RICHMOND CO. MAGISTRATE 1No. 008701 OFFICE, ROCKINGHAM NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the /S day of JUNE, 20 09 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF MENT IS THE PART	Signature of Certifying Official Certificate Number

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 06/15/2009

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: 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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	2:53pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
ATR BLK	. 00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND RICHMOND CO. MAG OFF 760

Test Record Number: 620 Serial Number: 008701 Test Date: 06/15/2009 Test Time: 3:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
\mathtt{BT}	Pass	3:02pm

Blank Tests

Test	Status	Time
AIR	Pass	3:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:03pm 3:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	CHMOND Instrument Location RICHMOND Co. MAGISTRA
Instrument Serial	Instrument Location RICHMOND Co. MAGISTRA, No. 008840 OFFICE, ROCKINGHAM NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he /5 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.
STATE OF NO.	Signature of Certifying Official Certificate Number

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 06/15/2009

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: 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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:27pm 3:28pm 3:29pm
AIR BLK	.00	3:29pm
SUB TEST AIR BLK	.00 .00	3:31pm 3:32pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm

Reported, AC: .00 g/210L

Signature) of Chemical Analyst

Court CVR

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 167
Test Date: 06/15/2009 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
\mathtt{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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mheriand Instrument Location CUMBERIAND
Instrument Se	rial No. 008672 County Detention Center
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 15 day of 5000 , 2007 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.
STATE OF QUANTO	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Date: 06/15/2009

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 N
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	2:42pm 2:43pm 2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:45pm
AIR BLK	.00	2:46pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Record Number: 1170 Test Date: 06/15/2009 Test Time: 2:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

Blank Tests

Test	Status	Time
ΔΤΡ	Pagg	2.52pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:52pm

2:52pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (UMBERIAND Instrument Location CUMBERIAND COUNT
Instrument Se	erial No. 008633 Detention Center
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.
I certify that procedures w Department	on the
STATION OF THE STATIO	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 06/15/2009

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: AG901901 Exp Date: 01/19/2011

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 657
Test Date: 06/15/2009 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:48pm 1:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Courterial No. 008614 Defention Center
Instrument S	erial No. 008614 Detention Center
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 v Department	on the
THE STATE OF THE CREAT STATE OF	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 06/15/2009

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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Record Number: 770 Test Date: 06/15/2009 Test Time: 2:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:27pm
FLO	Pass	2:27pm
FC	Pass	2:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
DET	Pass	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:28pm 2:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	MOERIAND Instrument Location CUMBERIAND COUNT
Instrument Seria	INO. 008632 Detention Center,
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.
	he
STATE OF NO. 2175 NO. 200 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.

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 06/15/2009

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	Pass	1:58pm
AIR BLK	.00	1:58pm
ACCY CHK	.08	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Reported AC: .00 g/210L,

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Record Number: 708
Test Date: 06/15/2009 Test Time: 2:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
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	2:07pm

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RICHMOND Instrument Location RICHMOND COUNTY
Instrumer	nt Serial No. 008657 MAGISTRATE'S OFFICE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the
GREAT	TATE ON NORTH

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008657 Test Date: 06/18/2009

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: 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	10:57am 10:57am 10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
ATR BLK	. 0.0	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008657 Test Record Number: 860 Test Date: 06/18/2009 Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:06am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Status

Printer Tests

Test

CAL

	200002	
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:07am

Time

11:07am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	MOORE Instrument Location Prichurst
Instrumen	t Serial No. <u>CO8210</u> Police Dept.
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	that on the
F. F. S.	

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

MOORE PINEHURST PD. 620

Serial Number: 008710 Test Date: 06/17/2009

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: 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	Pass .00 .08	2:54pm 2:55pm 2:56pm
SUB TEST	.00	2:57pm 2:58pm
AIR BLK SUB TEST	.00	2:58pm 3:00pm
AIR BLK	.00	3:01pm

.00 g/210L Reported

Signature of Chemical Analyst

Court CVR

Analyst

MOORE PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 312
Test Date: 06/17/2009 Test Time: 3:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:02pm
FLO	Pass	3:02pm
FC	Pass	3:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

Blank Tests

Test	Status	Time
AIR	Pass	mcrE0:E

Printer Tests

PRNT	Pass	3:03pm
Test	Status	Time

CRC Tests

lest	Status	TIME
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 3	evecombee Instrument Location SAT (While Unit 4
Instrument Se	erial No. <u>CC8734</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.
procedures w	on the
THE STATE OF STATE OF THE STATE	Signature of Certificial Certificate Number

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

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Record Number: 250 Test Date: 06/09/2009 Test Time: 5:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:49pm
FLO	Pass	5:49pm
FC	Pass	5:49pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:49pm 5:49pm
DET	Pass	5:49pm
BAR	Pass	5:49pm
BT	Pass	5:49pm

Blank Tests

Test	Status	Time
AIR	Pass	5:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:50pm 5:50pm

Preventive Maintenance Status: Pass

Analyst

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Date: 06/09/2009

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: 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 SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	5:41pm 5:42pm 5:42pm 5:43pm 5:43pm 5:44pm 5:46pm
AIR BLK	.00	5:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location BAT MOBILE UNIT
Instrument	RANDOLPH Instrument Location BAT MOBILE UNIT Serial No. 008647 ASHEBORO, NC
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 13 day of JUNE, 20 09 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.
TATE STATE OF THE CONTROL OF THE CON	

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 06/13/2009

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: 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	Pass .00 .07	9:31pm 9:32pm 9:33pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 06/13/2009 Te

Test Record Number: 525
Test Time: 9:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:38pm 9:38pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:39pm 9:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH	Instrument Location_	BAT MOBILE UNIT		
Instrument	Serial No		ASHEBORO, NC		
The preven	•	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		alcoholic breath 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;	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	e;		
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; as	nd			
10.			ore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,		
	t on the 13 day of 5 were performed on the instrument in of Health and Human Services, and	dicated above, in accordan	the forgoing preventive maintenance maintenance with current regulations of the N.C. ing properly.		
ALL STATES OF THE CREAT ST	CAROLL	Ray Bar nature of Certifying Officia	nes 648 Certificate Number		

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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616 Test Date: 06/13/2009

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: 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	9:27pm 9:28pm
ACCY CHK	.07	9:29pm
AIR BLK SUB TEST	.00 .00	9:30pm 9:30 pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616 Test Record Number: 526
Test Date: 06/13/2009 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:35pm
SRC	Pass	9:35pm
DET	Pass	9:35pm
BAR	Pass	9:35pm
BT	Pass	9:35pm

Blank Tests

Test	Status	Time
AIR	Pass	9 • 3 6 mm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrumen	t Serial No. 008707 GREENS BORD, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the 12 day of JUNE, 2009 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
CREAT SET OF SET	

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 06/12/2009

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

1000	9/2101	TIME
DIAG	Pass	11:15pm
DIAG	rass	
AIR BLK	.00	11:16pm
ACCY CHK	.08	11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:18pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm

g/2101

Time

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: 331 Test Date: 06/12/2009 Test Time: 11:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

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

Preventive Maintenance Status: Pass

11:23pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	AT MODEL INTO A ECTIVATION OF THE PROPERTY OF
County(GUILFORD Instrument Location / SAT MOBILE ONIT 3
Instrument S	GUILFORD Instrument Location BAT MOBILE UNIT 3 erial No. 008616 GREENSBORD, NC
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.
	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.

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 06/12/2009

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

DIAG	Pass	11:11pm
AIR BLK	.00	11:12pm
ACCY CHK	.07	11:12pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:13pm
ATD DEE	0.0	11 7 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

g/210L

Time

AIR BLK .00 11:14pm SUB TEST .00 11:16pm AIR BLK .00 11:17pm

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: 520 Test Date: 06/12/2009 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

Status	Time
Pass	11:18pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:19pm

11:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location BAT MOBILE UNIT
Instrument	GUILFORD Instrument Location BAT MOBILE UNIT Serial No. 008647 GREENSBORD, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the 12 day of JUNE, 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.
STA MAY 20 CHAN 20 CHA	

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 06/12/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Te Test Date: 06/12/2009 T

Test Record Number: 517
Test Time: 11:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

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

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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898 Test Record Number: 196 Test Date: 06/13/2009 Test Time: 4:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

Temperature Tests

Status	Time
Pass	4:46pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:47pm 4:47pm

Preventive Maintenance Status: Pass

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008898 Test Date: 06/13/2009

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: 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	Pass .00 .07 .00	4:38pm 4:39pm 4:40pm 4:41pm 4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm

Reported AC: .Q0 q/210L

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument S	erial No. <u>DDB939</u>
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 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.
THE STATION OF THE ST	John Cody

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

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BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008939 Test Record Number: 191 Test Date: 06/13/2009 Test Time: 4:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
		4 20
ΔTD	Dacc	4 • 3 g m

Printer Tests

Test	Status	Time
PRNT	Pass	4:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:38pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Analyst

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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BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008939 Test Date: 06/13/2009

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: 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	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.07	4:31pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:35pm
ATR BLK	.00	4:36pm

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 INTOXÆC/IR H

County 5	eaufor Instrument Location JAT Mobile Unit
Instrument S	erial No. <u>068939</u>
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 w Department of	on the day of da
NEW TO STATE OF THE STATE OF TH	LANGUAR CONTRACTOR OF THE PARTY

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

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Test Record Number: 188 Serial Number: 008939 Test Date: 06/12/2009 Test Time: 5:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:05pm
FLO	Pass	5:05pm
FC	Pass	5:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:05pm
SRC	Pass	5:05pm
DET	Pass	5:05pm
BAR	Pass	5:05pm
BT	Pass	5:05pm

Blank Tests

Test	Status	Time
ATR	Pass	5 · 05pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:06pm 5:06pm

Preventive Maintenance Status: Pass

BEAUFORT COUNTY BAT MOBILE UNIT 6 060

Serial Number: 008939 Test Date: 06/12/2009

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	Pass	4:55pm 4:56pm
ACCY CHK	.07	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:02pm

Reported AC:

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gra	instrument Location BAT Wable Wit 4
Instrument Seria	Il No. <u>008734</u>
The preventive of 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, coilect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 3 day of 2004 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 THE CONTROL OF THE C	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Record Number: 253
Test Date: 06/13/2009 Test Time: 10:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07pm
FLO	Pass	10:07pm
FC	Pass	10:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:07pm
SRC	Pass	10:07pm
DET	Pass	10:07pm
BAR	Pass	10:07pm
BT	Pass	10:07pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:08pm 10:08pm

Preventive Maintenance Status: Pass

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Date: 06/13/2009

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: 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	Pass	9:59pm
AIR BLK	.00	10:00pm
ACCY CHK	.07	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:04pm
AIR BLK	.00	10:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dy	Instrument Location (11 Paul H1/3 P.D.
Instrument Seria	No. DO8844 102 Town Hall Dr., Kill Doul Hills, 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 were Department of I	theday of
SEE COLAMBRID SEE TO THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 06/04/2009

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: 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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:10pm 1:11pm 1:11pm 1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Test Date: 06/04/2009 Test

Test Record Number: 390
Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:17pm 1:17pm
FC	Pass	1:17pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:18pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DQ/	e Instrument Location Dave (a. Dotentian (and
Instrument Seria	INO. DD8804 1044 Dr. Flwood Dr., Manteo, 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 day of June, 2009 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.
SEE QUANTUME STATE OF THE STATE	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 06/04/2009

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: 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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:58am
AIR BLK	.00	11:59am
SUB TEST	.00	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm

Reported AC: .00 g/210L

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 DETENTION CE 270

Serial Number: 008804 Test Record Number: 378
Test Date: 06/04/2009 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

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

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	Dave Instrument Location Dave Co Dotarton Co
Instrument	Serial No. 008783 1044 Dr. Awood Dr., Monteu, M
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
ALSO SELLAND S	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 06/04/2009

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: 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: AG722701 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.07	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:05pm
ATR RIK	0.0	12:06pm

Reported AC: .00 g/2104

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 108 Test Date: 06/04/2009 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:12pm
FLO	Pass	12:12pm
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
\mathtt{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 CAL	Pass Pass	12:13pm 12:13pm

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 W. 15	Instrument Location Wilson (o. Detention (
Instrument Seria	INO. DO8627 100 E. Greene St., Wilson, N.C.
	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
APRIL 12, 1774	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 06/08/2009

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: 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: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:17am 10:18am 10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:23am
ATR BLK	. 00	10:24am

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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WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 605 Test Date: 06/08/2009 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	Pass Pass Pass Pass	10:26am 10:26am 10:26am 10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:26am

Printer Tests

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

10:26am

Preventive Maintenance Status: Pass

Pass

CAL

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II 100 F GYDANE 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. 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 Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20// the forgoing preventive maintenance day of 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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 06/08/2009

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: 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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:47am 10:48am 10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am
SUB TEST	.00	10:53am
AIR BLK	.00	10:53am

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

Rev. 12/2007

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 922
Test Date: 06/08/2009 Test Time: 10:55am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:56am

Printer Tests

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

Pass

10:57am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bec	aufort	Instrument Location Beaufult	10. Courthouse
Instrument Ser	rial No. <u>008586</u>	102 E. and St. W	bshington, N.C.
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be fol	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 si gree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration dat nged every four months or after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify that or procedures we Department of	ere performed on the instrument ind	1 C , 20	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	CAROUND Sign	G of Certifying Official	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 06/10/2009

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: 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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
ATP BIK	0.0	11:59am

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

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 282
Test Date: 06/10/2009 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location County 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. 5. Verify instrument accuracy; 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. , 20 09 the forgoing preventive maintenance day of 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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 113 Test Date: 06/08/2009 Test Time: 12:48pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Time

Printer Tests

Status

Test

PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance Status: Pass

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 06/08/2009

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: KEESLER, LINDA A Permit Number: 11646E

Permit Number: 110405

Effective: 12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:41pm 12:41pm 12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	Instrument Location Chowan Co. Public Safery CTR.
Instrument Seria	INO. 004895 305 W. FREEMAN ST., Education, 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 procedures were Department of H	the, 20, 20, the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A THE ST	Signature of Certificial Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 06/02/2009

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: 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: 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	12:30pm 12:31pm 12:31pm 12:32pm 12:33pm 12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 06/02/2009

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: 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: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:30pm 12:31pm 12:31pm 12:32pm 12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ROCKINGHAM	Instrument Location_	PENDUNE	P.0
Instrume	nt Serial No. <u>- つつく 78년</u>			
The prevenue four mon	entive maintenance procedures for the I	Intoximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the agree centigrade;	alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sampl	e;	
7.	When "PLEASE BLOW" app	pears, 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 changed bef anged every four months o	fore expiration date, or to or after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
I certify to procedure Department	that on the day of es were performed on the instrument in ent of Health and Human Services, and	بخ کے	<u></u> the forgoing pronce with current regulating properly.	eventive maintenance ions of the N.C.
THE CREAT SET		nature of Certifying Offic	ial Ce	ertificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 06/09/2009

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:
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: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:22pm 1:23pm 1:24pm 1:24pm 1:25pm 1:26pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 272 Test Date: 06/09/2009 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	1:30pm

Printer Tests

Test

COMP

CAL

Status

Time

1:31pm

1:31pm

2000		
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALIA	Instrument Location AAMANCE CO. TAIL
Instrument Seria	INO. 008913 109 5 MADIE ST GRAHAM, NC
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
TO THE STATE OF MANY 20, 1775	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 06/09/2009

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:
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	Pass	11:08am
AIR BLK	.00	11:09am
ACCY CHK	.08	11:10am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 442
Test Date: 06/09/2009 Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Status

Time

Printer Tests

Test

PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:17am 11:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAM	Instrument Location	MAN CO. SAIL
Instrumer	nt Serial No. <u>008934</u>	207 S MANGUM	ST. DURLAM, NC
The preve		the Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic .2 degree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	ce;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	s canister is being changed before expi g changed every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedure	es were performed on the instrumer	nt indicated above, in accordance with and the instrument is functioning prop	current regulations of the N.C.
CREAT GREAT GR	STATE OF NORTH CAROLINA CAROLI	Signature of Certifying Official	

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008924 Test Date: 06/08/2009

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: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	10:50am 10:51am
ACCY CHK	.07	10:51am 10:52am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST AIR BLK	.00 .00	10:55am 10:56am
		To. Jouin

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008924 Test Record Number: 45 Test Date: 06/08/2009 Test Time: 10:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:58am

Printer Tests

Test	Status	Time
PRNT	Pass	10:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:58am
CAL	Pass	10:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WALCE	Instrument Location_	BAT MOBILE LINITE
Instrument	Serial No. 00 5698		2 EBulow
The preven		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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	e;
7.	When "PLEASE BLOW" ap	pears, collect breath sample	е;
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months o	Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures	were performed on the instrument in tof Health and Human Services, and		the forgoing preventive maintenance nce with current regulations of the N.C. ling properly.
STATE OF THE CONTROL	our-	5 71107	
	Sig	nature of Certifying Offic	ial Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 333 Test Date: 06/05/2009 Test Time: 10:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:30pm 10:30pm 10:30pm 10:30pm 10:30pm
		-

Blank Tests

Test	Status	Time
ATR	Pass	10:30pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/05/2009

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: 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:17pm 10:18pm 10:19pm 10:19pm 10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:23pm
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 Lo	Instrument Location 1527 WOB. LE COUT #5
Instrument Seri	al No. 008600 Holly 5,22,000
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
STATE OF THE STATE OF THE PROPERTY OF THE PROP	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 485 Test Date: 06/06/2009 Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32pm
FLO	Pass	10:32pm
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:33pm 10:33pm 10:33pm 10:33pm 10:33pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	10:33pm

Printer Tests

Test

PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:33pm 10:33pm

Status Time

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 06/06/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTATIVE, MAINTENANCE

Subject'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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:15pm 10:16pm 10:17pm 10:17pm 10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

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 Invisite Court 5
Instrument Serial	No. 006685 Helly Spainer
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
THE STATE OF NO.	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 337 Test Date: 06/06/2009 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	10:22pm

Printer Tests

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

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/06/2009

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: 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: AG723401 Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WATER	Instrument Location	mobile la. T #5	
Instrument	Serial No. <u>COFT SS</u>	Hou	Ly Spaines	
The prevent		e Intoximeters, Model Intox EC/IR I	I 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 degree centigrade;	breath simulator thermometer shows	
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;	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 expi changed every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,	
procedures	were performed on the instrument	indicated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. perly.	
A CALL OF THE CREAT AND STATE OF THE CREAT AN	10	Signature of Certifying Official	Certificate Number	

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 199
Test Date: 06/07/2009 Test Time: 12:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:01am

Printer Tests

Test	Status	Time
PRNT	Pass	12:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02am 12:02am

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 06/06/2009

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: 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 AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:53pm 11:54pm 11:55pm 11:56pm 11:56pm 11:57pm
SUB TEST	.00	11:58pm
AIR BLK	.00	11:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location Davie Co. JAI
Instrument Seria	INO. 008905 Mocksville, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
THE STATE OF A	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 06/03/2009

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:50pm 12:51pm
ACCY CHK AIR BLK	.08 .00	12:52pm 12:53pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
ATR BLK	. 00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 268
Test Date: 06/03/2009 Test Time: 12:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:58pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

12:59pm 12:59pm

y Lace

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. 00879/
Instrument	serial No. <u>OO8791</u> <u>Department</u>
The prever	ntive 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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
procedures	day of
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 06/03/2009

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: 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: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	3:44pm
AIR BLK	.00	3:45pm
ACCY CHK	.07	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	.00	3:50pm
ATR BLK	. 00	3:51pm

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 232 Test Date: 06/03/2009 Test Time: 3:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
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
ΔTP	Dagg	3 · 5 2 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:53pm

Preventive Maintenance Status: Pass

Pass

CAL

3:53pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	GUHORD Instrument Location UNC-GREENS bur O
Instrume	nt Serial No. 008604 Police Dept
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the
GREAT ST.	Starte of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 06/04/2009

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: 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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:34pm 12:34pm 12:35pm 12:36pm 12:37pm 12:37pm
AIR BLK SUB TEST	.00	12:3/pm
		12:39pm
AIR BLK	.00	TZ:40bm

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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 663 Test Date: 06/04/2009 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET	Pass	12:41pm
BAR	Pass	12:41pm
\mathtt{BT}	Pass	12:41pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:42pm 12:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	PECKLENBURG Instrument Location BATMOBILE UNIT
Instrument S	erial No. 008647 CHARLOTTE, NC
The prevent 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 should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on the <u>05</u> day of <u>June</u> , 20 <u>07</u> the forgoing preventive maintenance per 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.
OREATS INC.	NOON CAROLLING C
FSSE QUAM V	alu Ray Bans 648
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 06/05/2009

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: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:08pm 10:09pm 10:10pm 10:11pm
SUB TEST	.00	10:11pm
AIR BLK SUB TEST	.00	10:12pm 10:13pm
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 510 Test Date: 06/05/2009 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

FLO Pass 10:16pm	Test	Status	Time
	FLO	Pass	10:16pm 10:16pm 10:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

Blank Tests

Test	Status	Time
ATR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:17pm 10:17pm

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

rial No. 008616 CHARLOTTE, NC
e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
Verify instrument displays time and date;
Initiate breath test sequence;
Enter information as prompted;
Verify instrument accuracy;
When "PLEASE BLOW" appears, collect breath sample;
When "PLEASE BLOW" appears, collect breath sample;
Print test record;
Verify Diagnostic Program; and
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
the <u>05</u> day of <u>JUNE</u> , 20 09 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.
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: 008616 Test Date: 06/05/2009

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 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	10:06pm 10:07pm
ACCY CHK	.07	10:08pm
AIR BLK	.00	10:08pm
SUB TEST	.00	10:09pm
AIR BLK	.00	10:10pm
SUB TEST	.00	10:11pm
AIR BLK	.00	10:12pm

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: 512 Test Date: 06/05/2009 Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:13pm
SRC	Pass	10:13pm
DET	Pass	10:13pm
BAR	Pass	10:13pm
\mathtt{BT}	Pass	10:13pm
SRC DET BAR	Pass Pass Pass	10:13pt 10:13pt 10:13pt

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Instrument	MECKLENBURG Instrument Location BAT MOBILE UNIT Serial No. 008707 CHARWITE, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF STA	alen Ry Lema 648
	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 06/05/2009

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: AG902001 Exp Date: 01/20/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 323 Test Date: 06/05/2009 Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:35pm
Ł LO	Pass	11:35pm
FC	Pass	11:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:35pm
SRC	Pass	11:35pm
DET	Pass	ma28:11
BAR	Pass	11:35pm
BT	Pass	11:35pm

Blank Tests

Test	Status	Time
AIR	Pass	11:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:36pm 11:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location BAT Works Church 4
Instrument Seria	INo. <u>008871</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.
procedures were	the 5 day of , 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	Signature of Certifying Official Certificate Number

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871 Test Record Number: 105
Test Date: 06/05/2009 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

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

Pass

10:22pm

Preventive Maintenance Status: Pass

CAL

Analyst

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008871 Test Date: 06/05/2009

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 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	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	.07	10:14pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No	Instrument Location BAT Mobile Unit 4
Instrument Seria	INo. <u>OC8)17</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.
procedures were	the day of , 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.
THE STATE OF ANY 20. 1772	Signature of Certifying Official Certificate Number

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008717 Test Record Number: 165
Test Date: 06/05/2009 Test Time: 8:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:34pm 8:34pm

Preventive Maintenance Status: Pass

Analyst

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008717 Test Date: `06/05/2009

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: 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: AG723401 Exp Date: 68/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	8:25pm 8:26pm 8:27pm 8:28pm 8:28pm 8:29pm 8:30pm
AIR BLK	.00	8:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County No	Sh Instrument Location BAT Mobile Unid 4
Instrument Seri	al No. 00873 4
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the balth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734 Test Record Number: 243
Test Date: 06/05/2009 Test Time: 8:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:31pm
FLO	Pass	8:31pm
FC	Pass	8:31pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	8:31pm 8:31pm 8:31pm 8:31pm
BT	Pass	8:31pm

Blank Tests

'l'est	Status	Time
AIR	Pass	8:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:32pm
	CRC Tests	
Test	Status	Time

Pass

8:32pm

8:32pm

Preventive Maintenance Status: Pass

Pass

COMP

CAL

Analyst

NASH COUNTY BAT MOBILE UNIT 4 630

Serial Number: 008734 Test Date: 06/05/2009

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: 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	8:23pm 8:24pm 8:25pm 8:25pm
SUB TEST	.00	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	.00	8:28pm
ATR BLK	. 00	8:29pm

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	HARNETT Instrument Location HARNETT Co. DETENTION
Instrument Se	rial No. <u>008729</u> CENTER LILLINGTON 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.
procedures we	on the <u>02</u> day of <u>0NF</u> , 20 <u>09</u> the forgoing preventive maintenance bere performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLLI CAROLL

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 06/02/2009

Citation Number: M0000000-0 Subject's Name: NONE, NONE

Subject'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:

Test Type: Breath Test

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

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

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 695 Test Date: 06/02/2009 Test Time: 3:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:35pm 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
\mathtt{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

3:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location / JARNETT C	OUNTY
Instrument 5	Instrument Location //ARNETT Cont Serial No. 008730 DETENTION GATER / LICE	INGTON NC
The prevent four months	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follownths are:	ed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulated degrees, plus or minus .2 degree centigrade;	ator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	r the alcoholic breath Breath Simulator tests,
procedures '	that on theday of	preventive maintenance ations of the N.C.
STAL STALL OF STALL O	1) 3/1/6 - market	37/ Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 06/02/2009

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: 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: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:59pm 3:00pm 3:01pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:03pm
SUB TEST	.00	3:05pm
AIR BLK	.00	3:05pm

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 353 Test Date: 06/02/2009 Test Time: 3:07pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALAW	MANY	Instrument Loc	cation_A	-AMAN	18	Co. 3	ALL
Instrument Serial	No. <u>008738</u>	109 S.	MADIE	<u></u> 57	<u>50</u>	Atitur,	NC_
The preventive m four months are:	aintenance procedures for the Into	ximeters, Mode	I Intox EC/I	IR II to be	follow	ed at least o	nce every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, ee centigrade;	or the alcoh	olic brea	th simu	lator thermo	meter shows
2.	Verify instrument displays time a	nd date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appear	s, collect breath	sample;				
7.	When "PLEASE BLOW" appear	s, collect breath	sample;				
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being chang ed every four m	ged before e onths or aft	expiration er 125 Al	date, o coholic	r the alcohol Breath Simi	ic breath ulator tests,
procedures were	he day of performed on the instrument indice ealth and Human Services, and the	ated above, in a	ccordance v	vith curre	orgoing nt regul	preventive n lations of the	naintenance N.C.
OF THE STATE OF NO.	Signat	ure of Certifyin	g Official			652 Certificate N	Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008738 Test Date: 06/02/2009

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: 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	10:20am 10:20am 10:21am 10:22am 10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008738 Test Record Number: 122 Test Date: 06/02/2009 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:28am

10:28am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Shuston Instrument Location Selma
Instrument Ser	ial No.008595 Police Dept.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the SO day of 1000, 2000 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'RHE STATE ON THE STATE OF THE	Signature of Certifying Official Certificate Number

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Date: 06/30/2009

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: 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	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.07	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Record Number: 314
Test Date: 06/30/2009 Test Time: 3:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
BT	Pass	3:19pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	3 · 19nm

Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:20pm

Preventive Maintenance Status: Pass

Pass

CAL

3:20pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	ohnston _	Instrument Loca	ation S	ENSOAL		
Instrument Seria	INO. 00 8885	78/	jee D	Sept.		
The preventive n four months are:	naintenance procedures for the Into	oximeters, Model	Intox EC/IR II	to be followed a	t least once ev	very
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		r the alcoholic	breath simulator	thermometer	show
2.	Verify instrument displays time a	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	rs, collect breath s	ample;			
7.	When "PLEASE BLOW" appear	rs, collect breath s	ample;			
8.	Print test record;		17 23			
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being change ed every four mo	d before expiranths or after 12	ation date, or the 5 Alcoholic Brea	alcoholic bre th Simulator	ath tests,
I certify that on t procedures were Department of H	he 30 day of 50 performed on the instrument indicealth and Human Services, and the	ated above, in acc	ordance with o	current regulation	entive mainter as of the N.C.	nance
OF THE STATE OF A. P.	ARON CAROLINA CAROLIN			· 5	DA	

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

Signature of Certifying Official

Certificate Number

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 06/30/2009

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: 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

rest g	•	
AIR BLK . ACCY CHK . AIR BLK . SUB TEST . AIR BLK .	ass 00 07 00 00 00	12:29pm 12:29pm 12:30pm 12:31pm 12:32pm 12:33pm 12:35pm

12:35pm

Reported AC: .00. g/210L

AĮR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 107 Test Date: 06/30/2009 Test Time: 12:38pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:38pm 12:38pm 12:38pm 12:38pm 12:38pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	* CRC Tests	

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMEȚERS, MODEL INTOX EC/ĮR II

County	Oh USTON Instrument Location Johnston
Instrument S	erial No. 008846 GONTY SAIL
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 w Department of	on the
THE STATE AND THE STATE OF THE	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 06/30/2009 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: 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: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG	Pass	1:53pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500
Serial Number: 008846 Test Record Number: 684
Test Date: 06/30/2009 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm

CRC Tests

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \(\sqrt{2}	Chnston Instrument Location John	stor
Instrument Seria	INO.008810 GOUNTY JAI	
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures were Department of F	the 30 day of 000 cm, 2009 the forg performed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TO THE STATE OF A LOCAL PROPERTY OF THE STATE OF	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 06/30/2009

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: 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: AG902603 Exp Date: 01/26/2011

Test	g/210L	Time
DIAG	Pass	2:14pm
AIR BLK	.00	2:15pm
ACCY CHK	.07	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
ATR BIK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Test Record Number: 364 Serial Number: 008810 Test Date: 06/30/2009 Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:23pm

Pass

2:23pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE Instrument Location Southern Pive
Instrument	Gerial No. 008720 Police Dept.
The prever	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.
procedure	on the 3 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.
CONTRACTOR OF THE CONTRACTOR O	S C C C C C C C C C C C C C C C C C C C

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 06/23/2009

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

- /OI OT

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Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

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

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 257
Test Date: 06/23/2009 Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass Pass Pass	11:37am 11:37am 11:37am 11:37am
Pass	11:37am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location Lee County
Instrument Se	erial No. 008645 JAIL, SANFORD, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 22 day of 500 , 2007 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 06/22/2009

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: 03/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 710
Test Date: 06/22/2009 Test Time: 12:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:49pm
CAL	Pass	12:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE Instrument Location MOORE COUNTY
Instrumen	t Serial No. <u>008735</u> <u>JAIL</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
S S S S S S S S S S S S S S S S S S S	

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/24/2009

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: FTA

Test Type: Breath Test

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

g/210L	Time
Pass .00 .08 .00 .00	1:48pm 1:48pm 1:49pm 1:50pm 1:50pm 1:51pm
.00	1:53pm 1:54pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 385 Test Date: 06/24/2009 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Toat	Ctatus	Time

Test		
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	Instrument Location SCOTIAND
Instrument Seria	INO. 008861 County Sheriff's Dept.
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 A PART OF A P	Signature of Certifying Official Certificate Number

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861 Test Date: 06/24/2009

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: AG722601

Exp Date: 08/13/2009

g/210L	Time
Pass .00 .07 .00 .00	11:20am 11:21am 11:22am 11:22am 11:23am 11:24am
.00	11:20am
	Pass .00 .07 .00 .00

Reported AC:

Signature of Chemical Analyst

Court CVR.

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861 Test Record Number: 122 Test Date: 06/24/2009 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:28am
FC	Pass	11:28am

Temperature Tests

Test	Status	Time
FC1	Pass	11:28am
SRC	Pass	11:28am
DET	Pass	11:28am
BAR	Pass	11:28am
BT	Pass	11:28am

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Test	Status	Time
PRNT	Pass	11:29am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:29am
CAL	Pass	11:29am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	urtan Instrument Location BAT Mobile Unit 4
Instrument S	erial No
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 30 day of 3000 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.
TAN STATI	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871 | Test Record Number: 119

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:37pm
FLO	Pass	8:37pm
FC	Pass	8:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:38pm
SRC	Pass	8:38pm
DET	Pass	8:38pm
BAR	Pass	8:38pm
BT	Pass	8:38pm

Blank Tests

Test	Status	Time

AIR 8:38pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	8:38pm

CRC Tests

Test	Status	Time
COMP	Pass	8:38pm
CAL	Pass	8:38pm

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871 Test Date: 06/30/2009

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: 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	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.07	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:32pm
ATR BLK	.00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst