

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

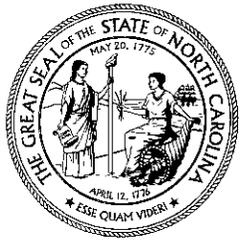
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County NEW HAMBOUR Instrument Location Wilmington  
Instrument Serial No. 5628 Police Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of March, 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.



Anthony Ruero 624  
Signature of Certifying Official Certificate Number

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

**Intox EC/IR-II: Subject Test**

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628  
Test Date: 03/12/2009

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

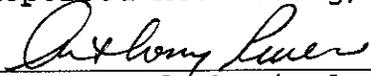
Analyst's Name: RIVERA, ANTHONY  
Permit Number: 08259E  
Effective:  
12/01/2007-12/01/2009

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

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

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:12am        |
| AIR BLK         | .00        | 10:13am        |
| ACCY CHK        | .08        | 10:13am        |
| AIR BLK         | .00        | 10:14am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:15am</b> |
| AIR BLK         | .00        | 10:16am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:17am</b> |
| AIR BLK         | .00        | 10:18am        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628      Test Record Number: 610  
Test Date: 03/12/2009      Test Time: 10:20am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:20am |
| SRC  | Pass   | 10:20am |
| DET  | Pass   | 10:20am |
| BAR  | Pass   | 10:20am |
| BT   | Pass   | 10:20am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:21am |

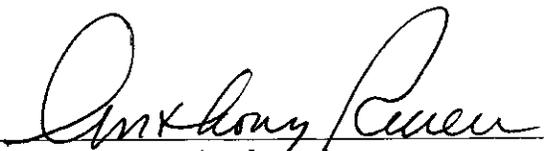
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:21am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 008651 109 S. MAPLE ST. GRAHAM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of MARCH, 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.



Brian D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008651  
Test Date: 03/27/2009

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

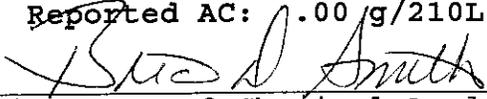
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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            | Pass       | 5:32pm        |
| AIR BLK         | .00        | 5:33pm        |
| ACCY CHK        | .08        | 5:33pm        |
| AIR BLK         | .00        | 5:34pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:35pm</b> |
| AIR BLK         | .00        | 5:36pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>5:37pm</b> |
| AIR BLK         | .00        | 5:38pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

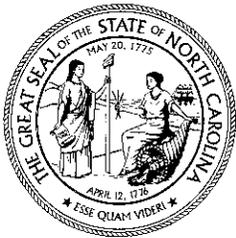
County RASQUOTANK Instrument Location RASQUOTANK CO. PUBLIC SAFETY DIV.

Instrument Serial No. 008941 200 E. COLONIAL AVE, ELIZABETH CITY, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19<sup>th</sup> day of MARCH, 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.



Linda A. Reese  
Signature of Certifying Official

647  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

PASQUOTANK COUNTY PUBLIC SAFETY BLDG  
690

Serial Number: 008941  
Test Date: 03/19/2009

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: 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

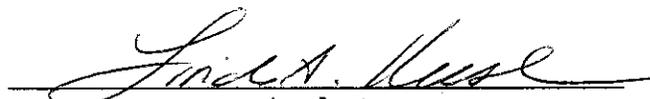
Lot Number: AG723402  
Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941      Test Record Number: 175  
Test Date: 03/19/2009      Test Time: 1:17pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:17pm |
| SRC  | Pass   | 1:17pm |
| DET  | Pass   | 1:17pm |
| BAR  | Pass   | 1:17pm |
| BT   | Pass   | 1:17pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:18pm |

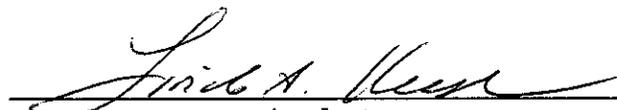
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:18pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:18pm |
| CAL  | Pass   | 1:18pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Currituck Instrument Location Currituck Co. S.O.

Instrument Serial No. 008947 407-A MAPLE RD., MAPLE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26<sup>th</sup> day of MARCH, 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]  
Signature of Certifying Official

647  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CURRITUCK COUNTY CURRITUCK SO-MAPLE  
260

Serial Number: 008947  
Test Date: 03/26/2009

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: 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

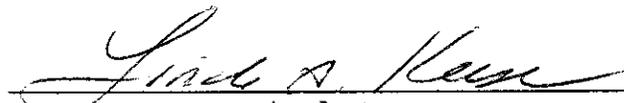
Lot Number: AG723402  
Exp Date: 08/21/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:43pm        |
| AIR BLK         | .00        | 12:44pm        |
| ACCY CHK        | .07        | 12:45pm        |
| AIR BLK         | .00        | 12:46pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:46pm</b> |
| AIR BLK         | .00        | 12:47pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:48pm</b> |
| AIR BLK         | .00        | 12:49pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*CURRITUCK COUNTY CURRITUCK SO-MAPLE 260*

Serial Number: 008947      Test Record Number: 236  
Test Date: 03/26/2009      Test Time: 12:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:51pm |
| FLO  | Pass   | 12:52pm |
| FC   | Pass   | 12:52pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:52pm |
| SRC  | Pass   | 12:52pm |
| DET  | Pass   | 12:52pm |
| BAR  | Pass   | 12:52pm |
| BT   | Pass   | 12:52pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:52pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:52pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:52pm |
| CAL  | Pass   | 12:52pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CAMPBELL Instrument Location CAMPBELL CO. S.O.

Instrument Serial No. 008940 113 HWY 343, CAMPBELL, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19<sup>th</sup> day of MARCH, 20 09 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]  
Signature of Certifying Official

647  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940  
Test Date: 03/19/2009

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

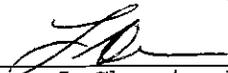
Test Type: Breath Test

Lot Number: AG723402

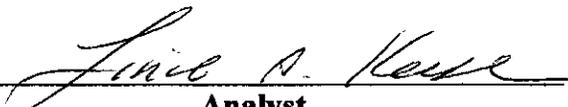
Exp Date: 08/21/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:49pm        |
| AIR BLK         | .00        | 1:50pm        |
| ACCY CHK        | .08        | 1:51pm        |
| AIR BLK         | .00        | 1:52pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:52pm</b> |
| AIR BLK         | .00        | 1:53pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:55pm</b> |
| AIR BLK         | .00        | 1:56pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940      Test Record Number: 104  
Test Date: 03/19/2009      Test Time: 1:58pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:59pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:59pm |

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

  
**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

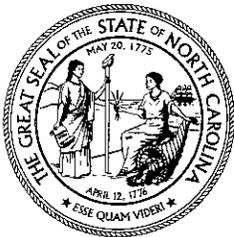
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Yancey Instrument Location Yancey Co. Jail  
Instrument Serial No. 008653 Burnsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31 day of March, 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]  
Signature of Certifying Official

649  
Certificate Number

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

Intox EC/IR-II: Subject Test

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653  
Test Date: 03/31/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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       | 3:02pm        |
| AIR BLK         | .00        | 3:02pm        |
| ACCY CHK        | .08        | 3:03pm        |
| AIR BLK         | .00        | 3:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:04pm</b> |
| AIR BLK         | .00        | 3:05pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:07pm</b> |
| AIR BLK         | .00        | 3:08pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653      Test Record Number: 533  
Test Date: 03/31/2009      Test Time: 3:08pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:09pm |
| FLO  | Pass   | 3:09pm |
| FC   | Pass   | 3:09pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:09pm |
| SRC  | Pass   | 3:09pm |
| DET  | Pass   | 3:09pm |
| BAR  | Pass   | 3:09pm |
| BT   | Pass   | 3:09pm |

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   | 3:10pm |
| CAL  | Pass   | 3:10pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

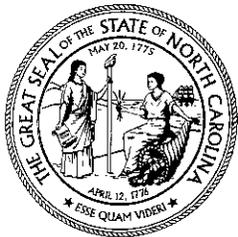
County Madison Instrument Location Morris Hill P.O.

Instrument Serial No. 00 8599 Morris Hill, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of March, 20 09 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]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599

Test Date: 03/12/2009

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: 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

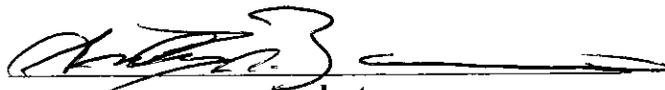
Exp Date: 08/12/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 6:10pm        |
| AIR BLK         | .00        | 6:10pm        |
| ACCY CHK        | .07        | 6:11pm        |
| AIR BLK         | .00        | 6:12pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>6:12pm</b> |
| AIR BLK         | .00        | 6:13pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>6:14pm</b> |
| AIR BLK         | .00        | 6:15pm        |

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599      Test Record Number: 301  
Test Date: 03/12/2009      Test Time: 6:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:17pm |
| FLO  | Pass   | 6:17pm |
| FC   | Pass   | 6:17pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:18pm |
| SRC  | Pass   | 6:18pm |
| DET  | Pass   | 6:18pm |
| BAR  | Pass   | 6:18pm |
| BT   | Pass   | 6:18pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:18pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 6:18pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 6:18pm |
| CAL  | Pass   | 6:18pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Madison Instrument Location Mars Hill P.D.

Instrument Serial No. 008582 Mars Hill, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of March, 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]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582  
Test Date: 03/12/2009

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: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective:  
12/01/2007-12/01/2009

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

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

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 6:09pm        |
| AIR BLK         | .00        | 6:10pm        |
| ACCY CHK        | .07        | 6:10pm        |
| AIR BLK         | .00        | 6:11pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>6:12pm</b> |
| AIR BLK         | .00        | 6:13pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>6:14pm</b> |
| AIR BLK         | .00        | 6:15pm        |

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582      Test Record Number: 515  
Test Date: 03/12/2009      Test Time: 6:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 6:17pm |
| FLO  | Pass   | 6:17pm |
| FC   | Pass   | 6:17pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 6:17pm |
| SRC  | Pass   | 6:17pm |
| DET  | Pass   | 6:17pm |
| BAR  | Pass   | 6:17pm |
| BT   | Pass   | 6:17pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 6:18pm |

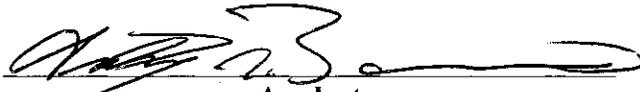
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 6:18pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 6:18pm |
| CAL  | Pass   | 6:18pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Henderson Instrument Location Henderson Co. Detention

Instrument Serial No. 008822 Hendersonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of March, 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]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

*HENDERSON COUNTY DETENTION 440*

Serial Number: 008822  
Test Date: 03/16/2009

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

Analyst's Name: *BURNETTE, ANTHONY J*  
Permit Number: 11304E  
Effective:  
12/01/2007-12/01/2009

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

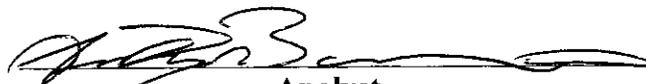
Lot Number: AG723301  
Exp Date: 08/20/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 7:19pm        |
| AIR BLK         | .00        | 7:20pm        |
| ACCY CHK        | .07        | 7:21pm        |
| AIR BLK         | .00        | 7:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>7:22pm</b> |
| AIR BLK         | .00        | 7:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>7:25pm</b> |
| AIR BLK         | .00        | 7:26pm        |

**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**

**Intox EC/IR-II: Preventive Maintenance**

*HENDERSON COUNTY DETENTION 440*

Serial Number: 008822      Test Record Number: 428  
Test Date: 03/16/2009      Test Time: 7:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:27pm |
| FLO  | Pass   | 7:27pm |
| FC   | Pass   | 7:27pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:28pm |
| SRC  | Pass   | 7:28pm |
| DET  | Pass   | 7:28pm |
| BAR  | Pass   | 7:28pm |
| BT   | Pass   | 7:28pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:28pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 7:28pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:28pm |
| CAL  | Pass   | 7:28pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

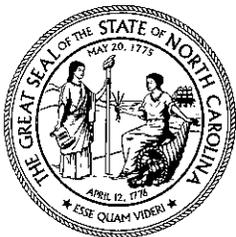
County Henderson Instrument Location Henderson Co Denton

Instrument Serial No. 008806 Hendersonville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of March, 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]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HENDERSON COUNTY DENTENTION 440

Serial Number: 008806  
Test Date: 03/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701

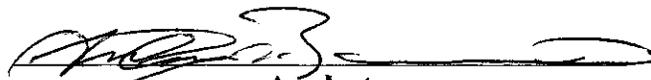
Exp Date: 08/14/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 7:18pm        |
| AIR BLK         | .00        | 7:19pm        |
| ACCY CHK        | .07        | 7:19pm        |
| AIR BLK         | .00        | 7:20pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>7:21pm</b> |
| AIR BLK         | .00        | 7:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>7:24pm</b> |
| AIR BLK         | .00        | 7:24pm        |

**Reported AC: .00 g/210L**

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*HENDERSON COUNTY DENTENTION 440*

Serial Number: 008806      Test Record Number: 307  
Test Date: 03/16/2009      Test Time: 7:25pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:26pm |
| FLO  | Pass   | 7:26pm |
| FC   | Pass   | 7:26pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:26pm |
| SRC  | Pass   | 7:26pm |
| DET  | Pass   | 7:26pm |
| BAR  | Pass   | 7:26pm |
| BT   | Pass   | 7:26pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:27pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 7:27pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:27pm |
| CAL  | Pass   | 7:27pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

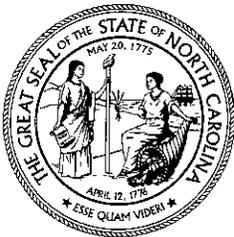
County Caldwell Instrument Location Caldwell Cor Jail

Instrument Serial No. 008103 Levor, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of March, 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]  
Signature of Certifying Official

1649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008803  
Test Date: 03/24/2009

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: 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       | 11:11am        |
| AIR BLK         | .00        | 11:12am        |
| ACCY CHK        | .08        | 11:13am        |
| AIR BLK         | .00        | 11:14am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:14am</b> |
| AIR BLK         | .00        | 11:15am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:17am</b> |
| AIR BLK         | .00        | 11:17am        |

**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**

**Intox EC/IR-II: Preventive Maintenance**

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803      Test Record Number: 122  
Test Date: 03/24/2009      Test Time: 11:19am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:20am |
| FLO  | Pass   | 11:20am |
| FC   | Pass   | 11:20am |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:20am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:20am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:21am |
| CAL  | Pass   | 11:21am |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Caldwell Instrument Location Caldwell Co Jail

Instrument Serial No. 008719 Lenoir, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of March, 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]  
Signature of Certifying Official

649  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CALDWELL COUNTY CALDWELL COUNTY JAIL  
130

Serial Number: 008719  
Test Date: 03/24/2009

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: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective:  
12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

**Intox EC/IR-II: Preventive Maintenance**

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719      Test Record Number: 394  
Test Date: 03/24/2009      Test Time: 11:19am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:20am |
| FLO  | Pass   | 11:20am |
| FC   | Pass   | 11:20am |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:21am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:21am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:21am |
| CAL  | Pass   | 11:21am |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008606 Sylvan, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of March, 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.



Carol R. Carter  
Signature of Certifying Official

135  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008606

Test Date: 03/30/2009

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: 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            | Pass       | 10:02am        |
| AIR BLK         | .00        | 10:03am        |
| ACCY CHK        | .07        | 10:04am        |
| AIR BLK         | .00        | 10:05am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:06am</b> |
| AIR BLK         | .00        | 10:06am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:08am</b> |
| AIR BLK         | .00        | 10:09am        |

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

**Intox EC/IR-II: Preventive Maintenance**

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008606      Test Record Number: 125  
Test Date: 03/30/2009      Test Time: 10:10am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:11am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:11am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:11am |
| CAL  | Pass   | 10:11am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

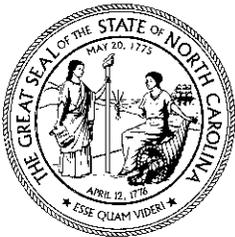
County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008702 Sylvan, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30 day of March, 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.



Daniel R. Carter  
Signature of Certifying Official

635  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708  
Test Date: 03/30/2009

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: 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            | Pass       | 10:01am        |
| AIR BLK         | .00        | 10:02am        |
| ACCY CHK        | .07        | 10:03am        |
| AIR BLK         | .00        | 10:04am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:04am</b> |
| AIR BLK         | .00        | 10:05am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:07am</b> |
| AIR BLK         | .00        | 10:08am        |

Reported AC: .00 g/210L

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Signature of Chemical Analyst

Court CVR



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Analyst

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

Intox EC/IR-II: Preventive Maintenance

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708      Test Record Number: 254  
Test Date: 03/30/2009      Test Time: 10:09am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:10am |

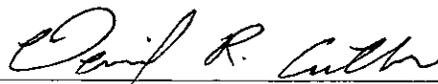
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:10am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:10am |
| CAL  | Pass   | 10:10am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

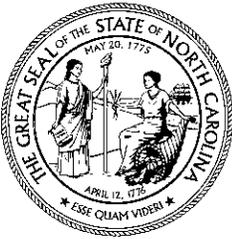
County Graham Instrument Location Graham Co. S.D.

Instrument Serial No. 008683 Robbinsville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of March, 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.



Paul R. Smith

Signature of Certifying Official

635

Certificate Number

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

**Intox EC/IR-II: Subject Test**

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683  
Test Date: 03/26/2009

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: *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: AG722502  
Exp Date: 08/12/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:48pm        |
| AIR BLK         | .00        | 12:49pm        |
| ACCY CHK        | .07        | 12:50pm        |
| AIR BLK         | .00        | 12:50pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:51pm</b> |
| AIR BLK         | .00        | 12:52pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:53pm</b> |
| AIR BLK         | .00        | 12:54pm        |

**Reported AC: .00 g/210L**

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR



\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683      Test Record Number: 489  
Test Date: 03/26/2009      Test Time: 12:55pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:55pm |
| FLO  | Pass   | 12:55pm |
| FC   | Pass   | 12:56pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:56pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:56pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:57pm |
| CAL  | Pass   | 12:57pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

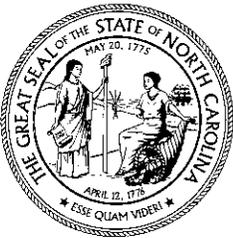
County Searain Instrument Location Cherokee P.D.

Instrument Serial No. 008782 Cherokee, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of March, 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.



Paul R. Cuth  
Signature of Certifying Official

635  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782  
Test Date: 03/24/2009

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: NC  
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

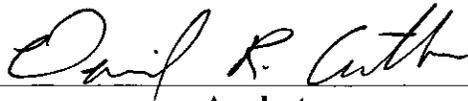
Lot Number: AG722601  
Exp Date: 08/13/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 9:45am        |
| AIR BLK         | .00        | 9:46am        |
| ACCY CHK        | .07        | 9:47am        |
| AIR BLK         | .00        | 9:48am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:48am</b> |
| AIR BLK         | .00        | 9:49am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:50am</b> |
| AIR BLK         | .00        | 9:51am        |

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR.

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782      Test Record Number: 196  
Test Date: 03/24/2009      Test Time: 10:00am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:00am |
| FLO  | Pass   | 10:00am |
| FC   | Pass   | 10:01am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:01am |
| SRC  | Pass   | 10:01am |
| DET  | Pass   | 10:01am |
| BAR  | Pass   | 10:01am |
| BT   | Pass   | 10:01am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:01am |

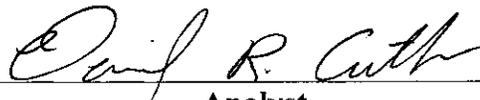
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:01am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:02am |
| CAL  | Pass   | 10:02am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

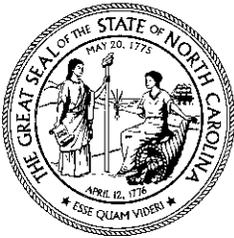
County MONTGOMERY Instrument Location MONTGOMERY CO.

Instrument Serial No. 008721 COURTHOUSE, TROY NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31 day of MARCH, 20 09 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.



R. H. Russell  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721

Test Date: 03/31/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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: AG722702

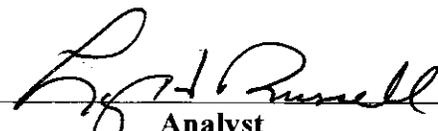
Exp Date: 08/14/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:20pm        |
| AIR BLK         | .00        | 3:20pm        |
| ACCY CHK        | .07        | 3:21pm        |
| AIR BLK         | .00        | 3:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:23pm</b> |
| AIR BLK         | .00        | 3:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:25pm</b> |
| AIR BLK         | .00        | 3:26pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721      Test Record Number: 232  
Test Date: 03/31/2009      Test Time: 3:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:27pm |
| FLO  | Pass   | 3:27pm |
| FC   | Pass   | 3:27pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:28pm |
| SRC  | Pass   | 3:28pm |
| DET  | Pass   | 3:28pm |
| BAR  | Pass   | 3:28pm |
| BT   | Pass   | 3:28pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:28pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:28pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:28pm |
| CAL  | Pass   | 3:28pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

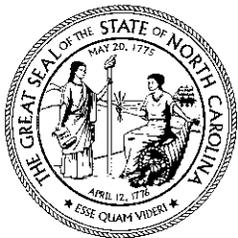
County MONTGOMERY Instrument Location MONTGOMERY Co.

Instrument Serial No. 008709 COURTHOUSE, TROY NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31 day of MARCH, 20 09 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709  
Test Date: 03/31/2009

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

Analyst's Name: 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: AG722702  
Exp Date: 08/14/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:52pm        |
| AIR BLK         | .00        | 2:53pm        |
| ACCY CHK        | .08        | 2:53pm        |
| AIR BLK         | .00        | 2:54pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:55pm</b> |
| AIR BLK         | .00        | 2:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:58pm</b> |
| AIR BLK         | .00        | 2:58pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709      Test Record Number: 236  
Test Date: 03/31/2009      Test Time: 3:00pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:01pm |
| FLO  | Pass   | 3:01pm |
| FC   | Pass   | 3:01pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:01pm |
| SRC  | Pass   | 3:01pm |
| DET  | Pass   | 3:01pm |
| BAR  | Pass   | 3:01pm |
| BT   | Pass   | 3:01pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:02pm |

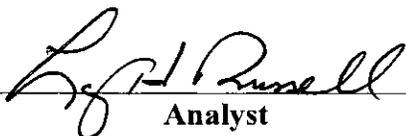
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:02pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:02pm |
| CAL  | Pass   | 3:02pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

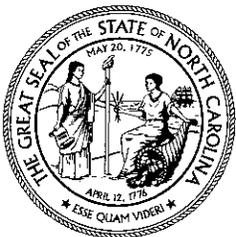
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cabarrus Instrument Location Cabarrus County SD  
Instrument Serial No. 008590 30 Corban Ave SE, Concord  
704-920-3000

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11th day of March, 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.



Bobby D. Willis  
Signature of Certifying Official

557  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590  
Test Date: 03/11/2009

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: AG722502  
Exp Date: 08/12/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:50am        |
| AIR BLK         | .00        | 10:51am        |
| ACCY CHK        | .07        | 10:52am        |
| AIR BLK         | .00        | 10:53am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:53am</b> |
| AIR BLK         | .00        | 10:54am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:56am</b> |
| AIR BLK         | .00        | 10:56am        |

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590      Test Record Number: 590  
Test Date: 03/11/2009      Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:58am |
| FLO  | Pass   | 10:58am |
| FC   | Pass   | 10:58am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:58am |
| SRC  | Pass   | 10:58am |
| DET  | Pass   | 10:58am |
| BAR  | Pass   | 10:58am |
| BT   | Pass   | 10:58am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:59am |

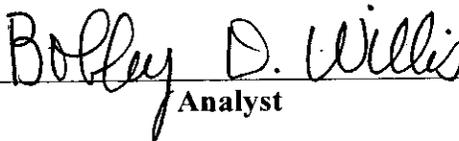
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:59am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:59am |
| CAL  | Pass   | 10:59am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

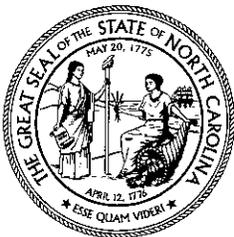
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Cleveland Instrument Location Kings Mtn. P.D.  
Instrument Serial No. 008594 112 S. Piedmont Ave., Kings Mtn.  
704-734-0444

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5 day of March, 20 09 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.



Bobby D. Willis  
Signature of Certifying Official

557  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008594  
Test Date: 03/05/2009

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: 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            | Pass       | 3:27pm        |
| AIR BLK         | .00        | 3:28pm        |
| ACCY CHK        | .07        | 3:29pm        |
| AIR BLK         | .00        | 3:30pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:31pm</b> |
| AIR BLK         | .00        | 3:32pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:33pm</b> |
| AIR BLK         | .00        | 3:34pm        |

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR.

Bobby D. Willis  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008594      Test Record Number: 673  
Test Date: 03/05/2009      Test Time: 3:35pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:36pm |

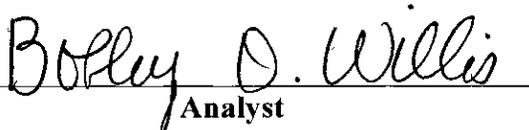
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:36pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:37pm |
| CAL  | Pass   | 3:37pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

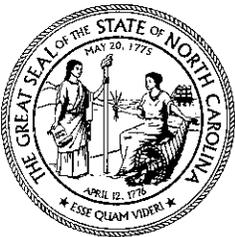
County Stokes Instrument Location Stokes Co Jail

Instrument Serial No. 008096

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of MARCH, 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]  
Signature of Certifying Official

637  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596  
Test Date: 03/25/2009

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

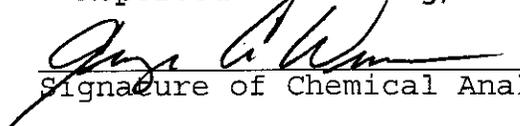
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

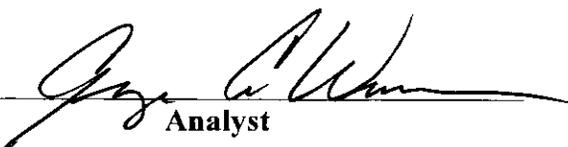
Lot Number: AG902001  
Exp Date: 01/20/2011

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:00pm        |
| AIR BLK         | .00        | 12:00pm        |
| ACCY CHK        | .08        | 12:01pm        |
| AIR BLK         | .00        | 12:02pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:03pm</b> |
| AIR BLK         | .00        | 12:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:05pm</b> |
| AIR BLK         | .00        | 12:06pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596      Test Record Number: 338  
Test Date: 03/25/2009      Test Time: 12:07pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:08pm |
| FLO  | Pass   | 12:08pm |
| FC   | Pass   | 12:08pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:08pm |
| SRC  | Pass   | 12:08pm |
| DET  | Pass   | 12:08pm |
| BAR  | Pass   | 12:08pm |
| BT   | Pass   | 12:08pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:09pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:09pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:09pm |
| CAL  | Pass   | 12:09pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WALDE Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008600 Calif

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27<sup>TH</sup> day of MARCH, 20 09 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.



Steph C. [Signature] Signature of Certifying Official 636 Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600      Test Record Number: 452  
Test Date: 03/27/2009      Test Time: 11:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:52pm |
| FLO  | Pass   | 11:52pm |
| FC   | Pass   | 11:52pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:52pm |
| SRC  | Pass   | 11:52pm |
| DET  | Pass   | 11:52pm |
| BAR  | Pass   | 11:52pm |
| BT   | Pass   | 11:52pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:53pm |

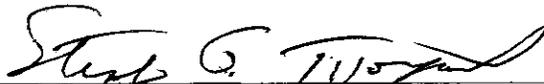
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:53pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:53pm |
| CAL  | Pass   | 11:53pm |

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test . . .

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600  
Test Date: 03/27/2009

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

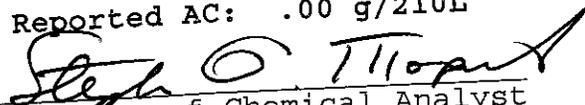
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

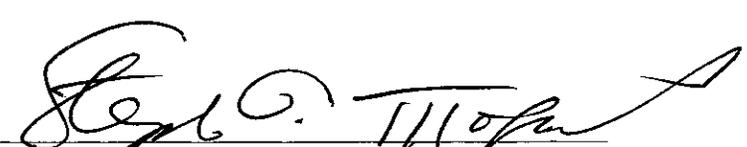
Lot Number: AG723401  
Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location CLBI

Instrument Serial No. 008615 330 S. SAUSBRUN ST RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of MARCH, 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]  
Signature of Certifying Official

650  
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008615

Test Date: 03/25/2009

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:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

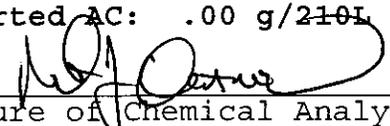
Test Type: Breath Test

Lot Number: AG723402

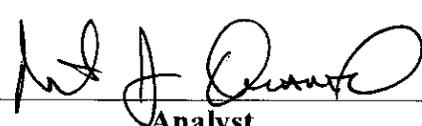
Exp Date: 08/21/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:01pm        |
| AIR BLK         | .00        | 12:03pm        |
| ACCY CHK        | .07        | 12:03pm        |
| AIR BLK         | .00        | 12:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:05pm</b> |
| AIR BLK         | .00        | 12:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:07pm</b> |
| AIR BLK         | .00        | 12:09pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY CCBI 910

Serial Number: 008615      Test Record Number: 980  
Test Date: 03/25/2009      Test Time: 12:10pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:11pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:11pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:12pm |
| CAL  | Pass   | 12:12pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

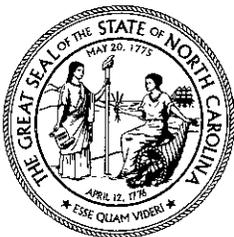
County Cabarrus Instrument Location Cabarrus Co. S.D.

Instrument Serial No. 008625 30 Corban Ave., S.E. Concord  
704-920-3000

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 11 day of March, 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.



Bobby C. Willis  
Signature of Certifying Official

557  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625  
Test Date: 03/11/2009

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: AG816302  
Exp Date: 06/11/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:50am        |
| AIR BLK         | .00        | 10:51am        |
| ACCY CHK        | .08        | 10:52am        |
| AIR BLK         | .00        | 10:53am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:53am</b> |
| AIR BLK         | .00        | 10:54am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:56am</b> |
| AIR BLK         | .00        | 10:56am        |

Reported AC: .00 g/210L

Bobby D. Willis  
Signature of Chemical Analyst

Court CVR

Bobby D. Willis  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625      Test Record Number: 1060  
Test Date: 03/11/2009      Test Time: 10:58am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:58am |
| FLO  | Pass   | 10:58am |
| FC   | Pass   | 10:58am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:58am |
| SRC  | Pass   | 10:58am |
| DET  | Pass   | 10:58am |
| BAR  | Pass   | 10:58am |
| BT   | Pass   | 10:58am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:59am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:59am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:59am |
| CAL  | Pass   | 10:59am |

Preventive Maintenance  
Status: Pass

Bobby D. Willis  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

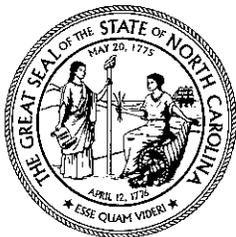
County Wilkes Instrument Location North Wilkesboro PD

Instrument Serial No. 008658

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of April, 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]  
Signature of Certifying Official

62  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008638  
Test Date: 03/30/2009

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

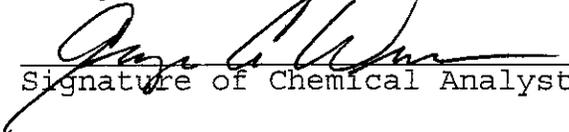
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

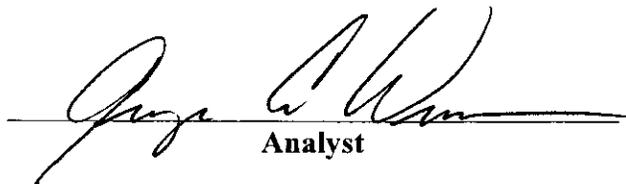
Lot Number: AG816303  
Exp Date: 06/11/2010

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:13pm        |
| AIR BLK         | .00        | 1:14pm        |
| ACCY CHK        | .07        | 1:15pm        |
| AIR BLK         | .00        | 1:16pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:17pm</b> |
| AIR BLK         | .00        | 1:18pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:19pm</b> |
| AIR BLK         | .00        | 1:20pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR.

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008638      Test Record Number: 335  
Test Date: 03/30/2009      Test Time: 1:22pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:22pm |
| FLO  | Pass   | 1:22pm |
| FC   | Pass   | 1:22pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:22pm |
| SRC  | Pass   | 1:22pm |
| DET  | Pass   | 1:22pm |
| BAR  | Pass   | 1:22pm |
| BT   | Pass   | 1:22pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:23pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:23pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:23pm |
| CAL  | Pass   | 1:23pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

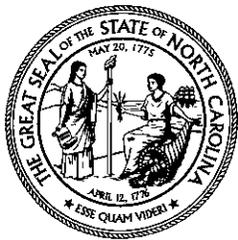
County GRANVILLE Instrument Location CREEDMOOR PD

Instrument Serial No. 008641 111 MASONIC ST. CREEDMOOR, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of MARCH, 20 09 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.



Brian D. Smith  
Signature of Certifying Official

637  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641  
Test Date: 03/23/2009

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

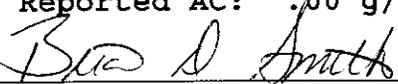
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

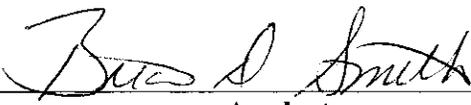
Lot Number: AG814002  
Exp Date: 05/19/2010

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:14pm        |
| AIR BLK         | .00        | 2:15pm        |
| ACCY CHK        | .07        | 2:16pm        |
| AIR BLK         | .00        | 2:17pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:17pm</b> |
| AIR BLK         | .00        | 2:18pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:20pm</b> |
| AIR BLK         | .00        | 2:20pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641      Test Record Number: 394  
Test Date: 03/23/2009      Test Time: 2:22pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:23pm |
| FLO  | Pass   | 2:23pm |
| FC   | Pass   | 2:23pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:23pm |
| SRC  | Pass   | 2:23pm |
| DET  | Pass   | 2:23pm |
| BAR  | Pass   | 2:23pm |
| BT   | Pass   | 2:23pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:24pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:24pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:24pm |
| CAL  | Pass   | 2:24pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

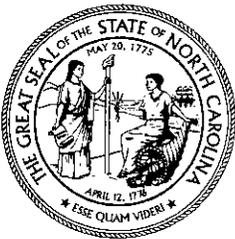
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Haywood Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 MAGGIE VALLEY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of MARCH, 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.



Alan Ray Benson

Signature of Certifying Official

648

Certificate Number

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

Intox EC/IR-II: Subject Test

HAYWOOD COUNTY BAT MOBILE UNIT 3 430

Serial Number: 008647  
Test Date: 03/28/2009

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: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

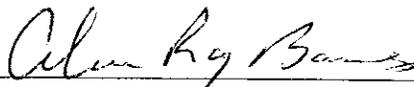
Lot Number: AG722602  
Exp Date: 08/13/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 9:59pm         |
| AIR BLK         | .00        | 10:00pm        |
| ACCY CHK        | .07        | 10:01pm        |
| AIR BLK         | .00        | 10:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:02pm</b> |
| AIR BLK         | .00        | 10:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:04pm</b> |
| AIR BLK         | .00        | 10:05pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY BAT MOBILE UNIT 3 430

Serial Number: 008647      Test Record Number: 445  
Test Date: 03/28/2009      Test Time: 10:09pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:11pm |

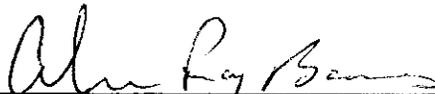
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:11pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:11pm |
| CAL  | Pass   | 10:11pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

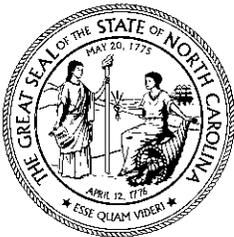
County WAKE Instrument Location CCBI

Instrument Serial No. 008686 330 S. SALISBURY ST., RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WAKE COUNTY CCBI 910

Serial Number: 008686  
Test Date: 03/25/2009

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:

QUARANTELLA, 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       | 12:05pm        |
| AIR BLK         | .00        | 12:06pm        |
| ACCY CHK        | .07        | 12:06pm        |
| AIR BLK         | .00        | 12:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:08pm</b> |
| AIR BLK         | .00        | 12:09pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:11pm</b> |
| AIR BLK         | .00        | 12:12pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY CCBI 910

Serial Number: 008686      Test Record Number: 1137  
Test Date: 03/25/2009      Test Time: 12:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:14pm |
| FLO  | Pass   | 12:15pm |
| FC   | Pass   | 12:15pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:15pm |
| SRC  | Pass   | 12:15pm |
| DET  | Pass   | 12:15pm |
| BAR  | Pass   | 12:15pm |
| BT   | Pass   | 12:15pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:15pm |

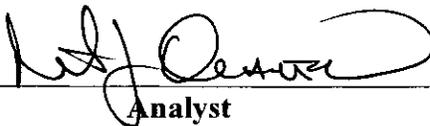
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:15pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:16pm |
| CAL  | Pass   | 12:16pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

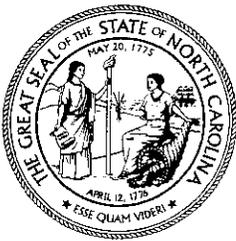
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County HAYWOOD Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 MAGGIE VALLEY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 28 day of MARCH, 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.



Alan Ray Bowers  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HAYWOOD COUNTY BAT MOBILE UNIT 3 430

Serial Number: 008707  
Test Date: 03/28/2009

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: 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

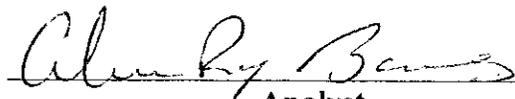
Lot Number: AG816302  
Exp Date: 06/11/2010

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

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

HAYWOOD COUNTY BAT MOBILE UNIT 3 430

Serial Number: 008707      Test Record Number: 279  
Test Date: 03/28/2009      Test Time: 11:40pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:40pm |
| SRC  | Pass   | 11:40pm |
| DET  | Pass   | 11:40pm |
| BAR  | Pass   | 11:40pm |
| BT   | Pass   | 11:40pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:41pm |

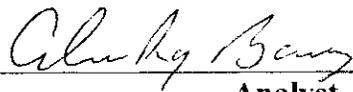
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:41pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:41pm |
| CAL  | Pass   | 11:41pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

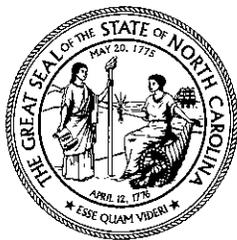
County Rockingham Instrument Location Reidsville P.D.

Instrument Serial No. 008784

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of MARCH, 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]  
Signature of Certifying Official

632  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784  
Test Date: 03/12/2009

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

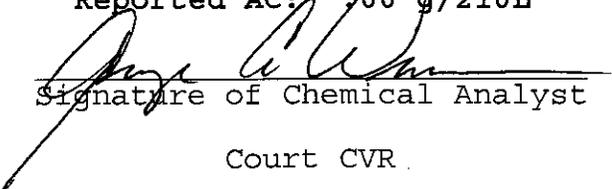
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

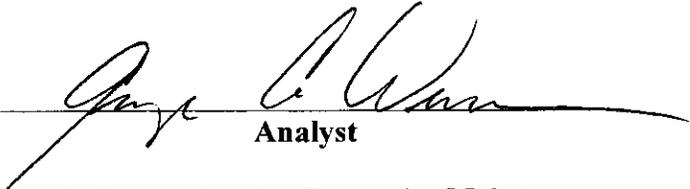
Lot Number: AG722601  
Exp Date: 08/13/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:45pm        |
| AIR BLK         | .00        | 1:46pm        |
| ACCY CHK        | .07        | 1:47pm        |
| AIR BLK         | .00        | 1:48pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:48pm</b> |
| AIR BLK         | .00        | 1:49pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:51pm</b> |
| AIR BLK         | .00        | 1:52pm        |

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

**Intox EC/IR-II: Preventive Maintenance**

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784      Test Record Number: 237  
Test Date: 03/12/2009      Test Time: 1:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:54pm |

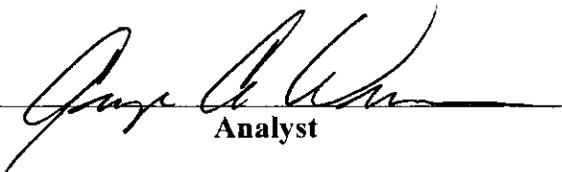
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:54pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:54pm |
| CAL  | Pass   | 1:54pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location BAT Mobile Unit #5  
Instrument Serial No. 008788 CALY

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27<sup>th</sup> day of MARCH, 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.



Joseph G. Tiller 636  
Signature of Certifying Official Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788      Test Record Number: 174  
Test Date: 03/27/2009      Test Time: 10:28pm 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  | Pass   | 10:29pm |
| SRC  | Pass   | 10:29pm |
| DET  | Pass   | 10:29pm |
| BAR  | Pass   | 10:29pm |
| BT   | Pass   | 10:29pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:29pm |

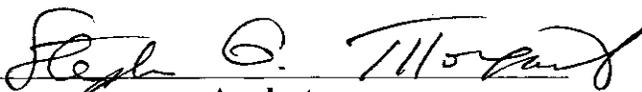
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:29pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:30pm |
| CAL  | Pass   | 10:30pm |

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 03/27/2009

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

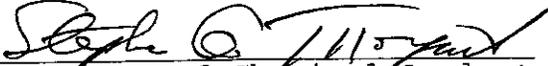
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG722802  
Exp Date: 08/15/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:19pm        |
| AIR BLK         | .00        | 10:20pm        |
| ACCY CHK        | .08        | 10:21pm        |
| AIR BLK         | .00        | 10:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:22pm</b> |
| AIR BLK         | .00        | 10:23pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:25pm</b> |
| AIR BLK         | .00        | 10:26pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

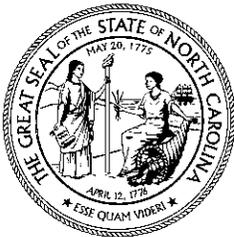
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County SCOTLAND Instrument Location BAT MOBILE UNIT #5  
Instrument Serial No. 008788 LAUREN BURG

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17<sup>th</sup> day of MARCH, 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] 636  
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008788      Test Record Number: 166  
Test Date: 03/17/2009      Test Time: 7:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:45pm |
| FLO  | Pass   | 7:45pm |
| FC   | Pass   | 7:45pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:45pm |
| SRC  | Pass   | 7:45pm |
| DET  | Pass   | 7:45pm |
| BAR  | Pass   | 7:45pm |
| BT   | Pass   | 7:45pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:46pm |

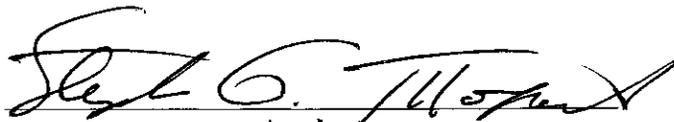
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 7:46pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:46pm |
| CAL  | Pass   | 7:46pm |

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

SCOTLAND COUNTY BAT MOBILE UNIT 5 820

Serial Number: 008788  
Test Date: 03/17/2009

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

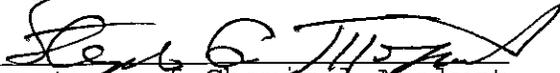
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

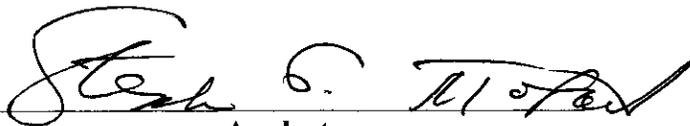
Lot Number: AG722802  
Exp Date: 08/15/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 7:36pm        |
| AIR BLK         | .00        | 7:37pm        |
| ACCY CHK        | .08        | 7:37pm        |
| AIR BLK         | .00        | 7:38pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>7:39pm</b> |
| AIR BLK         | .00        | 7:40pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>7:41pm</b> |
| AIR BLK         | .00        | 7:42pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH

Instrument Location BAT MOBILE UNIT #5

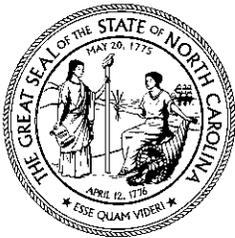
Instrument Serial No. 008788

RED OAK

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20<sup>th</sup> day of MARCH, 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.



Joseph O. T. Paul  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-1: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008788      Test Record Number: 169  
Test Date: 03/20/2009      Test Time: 10:37pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:37pm |
| FLO  | Pass   | 10:37pm |
| FC   | Pass   | 10:37pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:37pm |
| SRC  | Pass   | 10:37pm |
| DET  | Pass   | 10:37pm |
| BAR  | Pass   | 10:37pm |
| BT   | Pass   | 10:37pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:38pm |

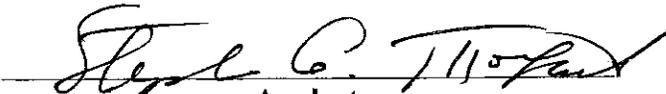
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:38pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:38pm |
| CAL  | Pass   | 10:38pm |

Preventive Maintenance  
Status: Pass

  
Analyst

Intox EC/IR-II: Subject Test

NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008788

Test Date: 03/20/2009

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: AG722802

Exp Date: 08/15/2009

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

Reported AC: .00 g/210L

*Stephen G. Morgart*

Signature of Chemical Analyst

Court CVR

*Stephen G. Morgart*

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

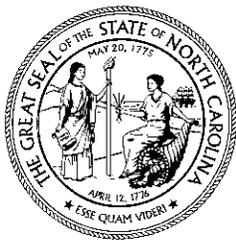
County WARREN Instrument Location WARREN CO. JAIL

Instrument Serial No. 008793 HWY 58 WARRENTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793  
Test Date: 03/26/2009

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:  
QUARANTELLA, 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: AG722801  
Exp Date: 08/15/2009

| 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

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793      Test Record Number: 163  
Test Date: 03/26/2009      Test Time: 12:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:05pm |
| SRC  | Pass   | 12:05pm |
| DET  | Pass   | 12:05pm |
| BAR  | Pass   | 12:05pm |
| BT   | Pass   | 12:05pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:06pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:06pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:06pm |
| CAL  | Pass   | 12:06pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

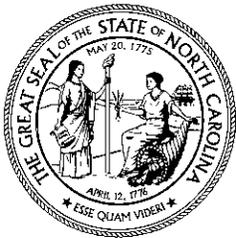
County VANCE Instrument Location VANCE CO. SHERIFFS DEPT

Instrument Serial No. 008923 156 CHURCH ST HENDERSON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

VANCE COUNTY SHERFF'S DEPARTMENT 900

Serial Number: 008923  
Test Date: 03/26/2009

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:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

Lot Number: AG723402  
Exp Date: 08/21/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:35pm        |
| AIR BLK         | .00        | 1:36pm        |
| ACCY CHK        | .07        | 1:36pm        |
| AIR BLK         | .00        | 1:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:38pm</b> |
| AIR BLK         | .00        | 1:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:40pm</b> |
| AIR BLK         | .00        | 1:41pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERFF'S DEPARTMENT 900

Serial Number: 008923      Test Record Number: 71  
Test Date: 03/26/2009      Test Time: 1:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:43pm |
| SRC  | Pass   | 1:43pm |
| DET  | Pass   | 1:43pm |
| BAR  | Pass   | 1:43pm |
| BT   | Pass   | 1:43pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:44pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:44pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:44pm |
| CAL  | Pass   | 1:44pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Yadkin Instrument Location Yadkinville P.D.

Instrument Serial No. 008925

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of MARCH, 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]  
Signature of Certifying Official

632  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925  
Test Date: 03/24/2009

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

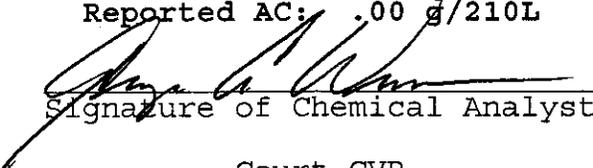
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

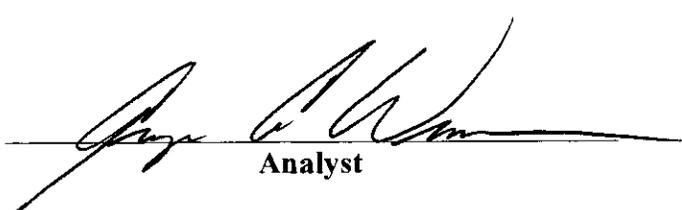
Lot Number: AG722601-02  
Exp Date: 08/13/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:52pm        |
| AIR BLK         | .00        | 1:53pm        |
| ACCY CHK        | .08        | 1:54pm        |
| AIR BLK         | .00        | 1:54pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:55pm</b> |
| AIR BLK         | .00        | 1:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:58pm</b> |
| AIR BLK         | .00        | 1:59pm        |

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

Intox EC/IR-II: Preventive Maintenance

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925      Test Record Number: 109  
Test Date: 03/24/2009      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   | 2:01pm |
| SRC  | Pass   | 2:01pm |
| DET  | Pass   | 2:01pm |
| BAR  | Pass   | 2:01pm |
| BT   | Pass   | 2:01pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:01pm |

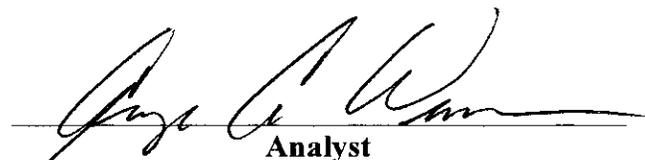
Printer Tests

| 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

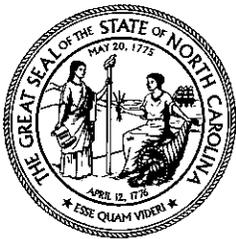
County FRANKLIN Instrument Location FRANKLIN CO. JAIL

Instrument Serial No. 008933 285 TKEMPRD LOUISBURG, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of MARCH, 20 09 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]  
Signature of Certifying Official

637  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933  
Test Date: 03/23/2009

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

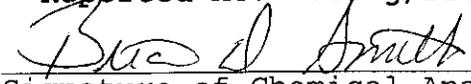
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG723402  
Exp Date: 08/21/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:43pm        |
| AIR BLK         | .00        | 4:44pm        |
| ACCY CHK        | .08        | 4:44pm        |
| AIR BLK         | .00        | 4:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:46pm</b> |
| AIR BLK         | .00        | 4:47pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:48pm</b> |
| AIR BLK         | .00        | 4:49pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933      Test Record Number: 210  
Test Date: 03/23/2009      Test Time: 4:51pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:51pm |
| FLO  | Pass   | 4:51pm |
| FC   | Pass   | 4:51pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:51pm |
| SRC  | Pass   | 4:51pm |
| DET  | Pass   | 4:51pm |
| BAR  | Pass   | 4:51pm |
| BT   | Pass   | 4:51pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:52pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:52pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:52pm |
| CAL  | Pass   | 4:52pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SURRY Instrument Location SURRY Co Jail

Instrument Serial No. 008934

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of MARCH, 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]  
Signature of Certifying Official

632  
Certificate Number

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

Intox EC/IR-II: Subject Test

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934  
Test Date: 03/10/2009

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

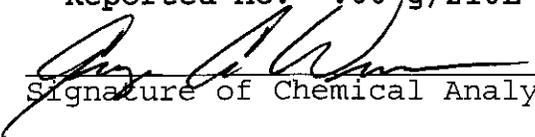
Test Type: Breath Test

Lot Number: AG722802-15

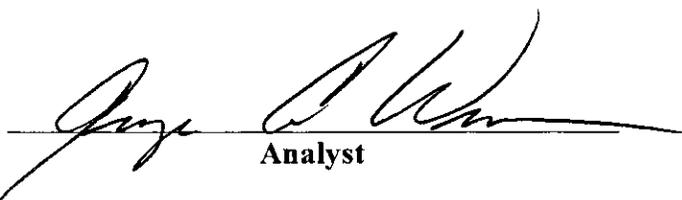
Exp Date: 08/15/2009

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

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

**Intox EC/IR-II: Preventive Maintenance**

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934      Test Record Number: 264  
Test Date: 03/10/2009      Test Time: 11:28am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:29am |
| FLO  | Pass   | 11:29am |
| FC   | Pass   | 11:29am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:29am |
| SRC  | Pass   | 11:29am |
| DET  | Pass   | 11:29am |
| BAR  | Pass   | 11:29am |
| BT   | Pass   | 11:29am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:29am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:30am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:30am |
| CAL  | Pass   | 11:30am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SURRY

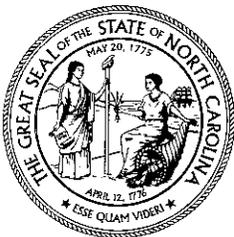
Instrument Location Pilot Mountain PD

Instrument Serial No. 008938

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of MARCH, 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]  
Signature of Certifying Official

632  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

*SURRY COUNTY PILOT MOUNTAIN PD 850*

Serial Number: 008938  
Test Date: 03/24/2009

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

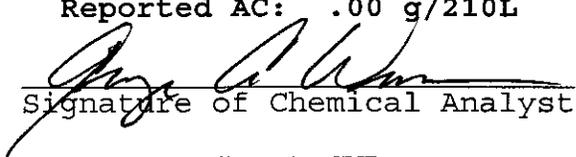
Analyst's Name: *WEAVER, GEORGE A*  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

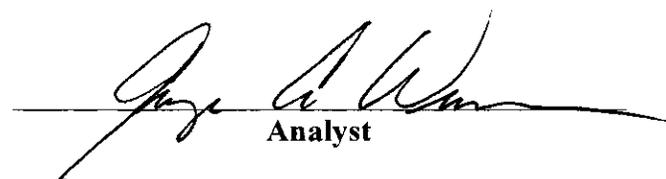
Lot Number: AG723401-21  
Exp Date: 08/21/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:39pm        |
| AIR BLK         | .00        | 4:40pm        |
| ACCY CHK        | .08        | 4:41pm        |
| AIR BLK         | .00        | 4:41pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:42pm</b> |
| AIR BLK         | .00        | 4:43pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:45pm</b> |
| AIR BLK         | .00        | 4:46pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY PILOT MOUNTAIN PD 850*

Serial Number: 008938      Test Record Number: 107  
Test Date: 03/24/2009      Test Time: 4:47pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:47pm |
| FLO  | Pass   | 4:47pm |
| FC   | Pass   | 4:47pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:47pm |
| SRC  | Pass   | 4:47pm |
| DET  | Pass   | 4:47pm |
| BAR  | Pass   | 4:47pm |
| BT   | Pass   | 4:47pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:48pm |

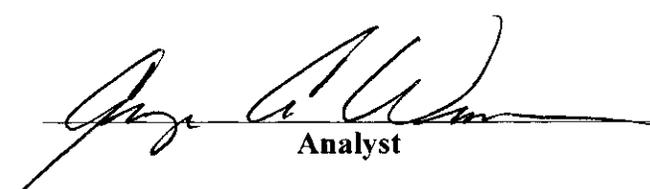
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:48pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:48pm |
| CAL  | Pass   | 4:48pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FRANKLIN Instrument Location FRANKLIN CO. JAIL

Instrument Serial No. 008942 285 T KEMP RD LOUISBURG, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of MARCH, 20 09 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.



Bud D. Smith

Signature of Certifying Official

637

Certificate Number

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

**Intox EC/IR-II: Subject Test**

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942  
Test Date: 03/23/2009

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

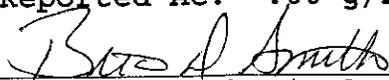
Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective:  
12/01/2007-12/01/2009

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

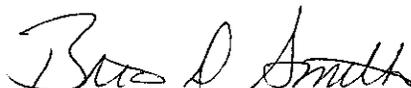
Lot Number: AG722601  
Exp Date: 08/13/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:44pm        |
| AIR BLK         | .00        | 4:45pm        |
| ACCY CHK        | .08        | 4:45pm        |
| AIR BLK         | .00        | 4:46pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:47pm</b> |
| AIR BLK         | .00        | 4:48pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:49pm</b> |
| AIR BLK         | .00        | 4:50pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 112  
Test Date: 03/23/2009 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   |
|------|--------|--------|
| AIR  | Pass   | 4:54pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:54pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:54pm |
| CAL  | Pass   | 4:54pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

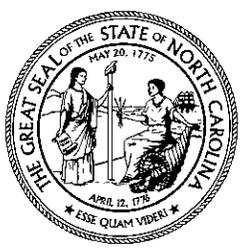
County Surry Instrument Location Mount Airy P.D.

Instrument Serial No. 008943

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 24 day of March, 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]  
Signature of Certifying Official

682  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943  
Test Date: 03/24/2009

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

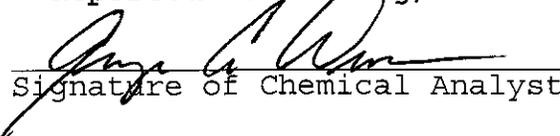
Analyst's Name: WEAVER, GEORGE A  
Permit Number: 09442E  
Effective:  
12/01/2007-12/01/2009

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

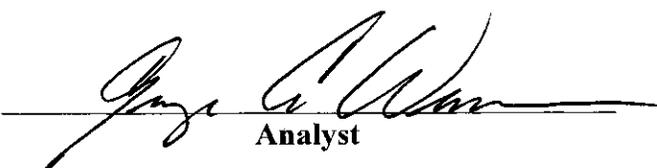
Lot Number: AG825401  
Exp Date: 10/02/2011

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:50pm        |
| AIR BLK         | .00        | 3:51pm        |
| ACCY CHK        | .08        | 3:52pm        |
| AIR BLK         | .00        | 3:53pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:53pm</b> |
| AIR BLK         | .00        | 3:54pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:56pm</b> |
| AIR BLK         | .00        | 3:57pm        |

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

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY MOUNT AIRY PD 850*

Serial Number: 008943      Test Record Number: 302  
Test Date: 03/24/2009      Test Time: 3:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:58pm |
| SRC  | Pass   | 3:58pm |
| DET  | Pass   | 3:58pm |
| BAR  | Pass   | 3:58pm |
| BT   | Pass   | 3:58pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:59pm |

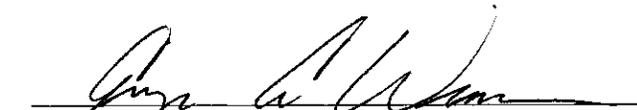
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:59pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:59pm |
| CAL  | Pass   | 3:59pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

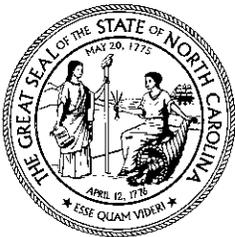
County WAKE Instrument Location WAKE FOREST PD.

Instrument Serial No. 008700 401 OWEN ST, WAKE FOREST, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 19 day of MARCH, 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]

Signature of Certifying Official

652

Certificate Number

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

**Intox EC/IR-II: Subject Test**

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700  
Test Date: 03/19/2009

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

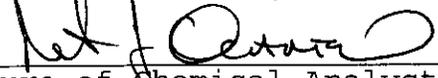
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

Lot Number: AG723402  
Exp Date: 08/21/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:14am        |
| AIR BLK         | .00        | 11:15am        |
| ACCY CHK        | .07        | 11:16am        |
| AIR BLK         | .00        | 11:16am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:17am</b> |
| AIR BLK         | .00        | 11:18am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:19am</b> |
| AIR BLK         | .00        | 11:20am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700      Test Record Number: 193  
Test Date: 03/19/2009      Test Time: 11:22am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:22am |
| FLO  | Pass   | 11:22am |
| FC   | Pass   | 11:23am |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:23am |

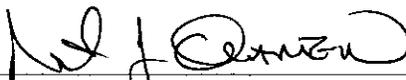
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:23am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

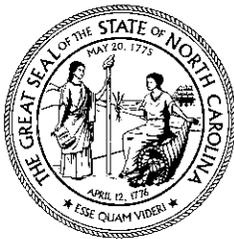
County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 008839 808 MARTIN LUTHER KING JR BLDG  
CHAPEL HILL, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839  
Test Date: 03/18/2009

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

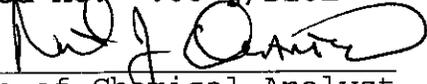
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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       | 1:03pm        |
| AIR BLK         | .00        | 1:04pm        |
| ACCY CHK        | .07        | 1:05pm        |
| AIR BLK         | .00        | 1:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:06pm</b> |
| AIR BLK         | .00        | 1:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:08pm</b> |
| AIR BLK         | .00        | 1:09pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839      Test Record Number: 232  
Test Date: 03/18/2009      Test Time: 1:11pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:11pm |
| FLO  | Pass   | 1:11pm |
| FC   | Pass   | 1:12pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:12pm |
| SRC  | Pass   | 1:12pm |
| DET  | Pass   | 1:12pm |
| BAR  | Pass   | 1:12pm |
| BT   | Pass   | 1:12pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:12pm |

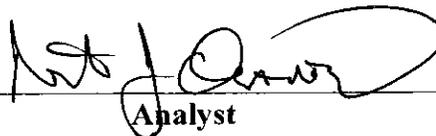
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:12pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:12pm |
| CAL  | Pass   | 1:12pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

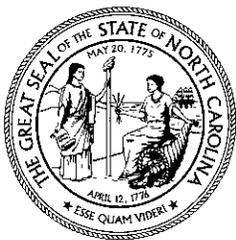
County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 0038856 808 MARTIN LUTHER KING SR BLVD  
CHAPEL HILL, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856  
Test Date: 03/18/2009

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

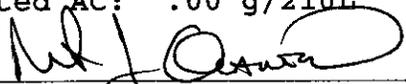
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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       | 1:01pm        |
| AIR BLK         | .00        | 1:02pm        |
| ACCY CHK        | .08        | 1:03pm        |
| AIR BLK         | .00        | 1:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:05pm</b> |
| AIR BLK         | .00        | 1:06pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:07pm</b> |
| AIR BLK         | .00        | 1:08pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856      Test Record Number: 239  
Test Date: 03/18/2009      Test Time: 1:09pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:10pm |
| FLO  | Pass   | 1:10pm |
| FC   | Pass   | 1:10pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:10pm |
| SRC  | Pass   | 1:10pm |
| DET  | Pass   | 1:10pm |
| BAR  | Pass   | 1:10pm |
| BT   | Pass   | 1:10pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:10pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:11pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:11pm |
| CAL  | Pass   | 1:11pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location HILLSBOROUGH PD

Instrument Serial No. 008799 127 N. CHURTON ST, HILLSBOROUGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

650  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799  
Test Date: 03/18/2009

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:  
QUARANTELLA, 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: AG722702  
Exp Date: 08/14/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:48am        |
| AIR BLK         | .00        | 11:49am        |
| ACCY CHK        | .07        | 11:50am        |
| AIR BLK         | .00        | 11:50am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:51am</b> |
| AIR BLK         | .00        | 11:52am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:53am</b> |
| AIR BLK         | .00        | 11:54am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799      Test Record Number: 260  
Test Date: 03/18/2009      Test Time: 11:56am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:56am |
| FLO  | Pass   | 11:56am |
| FC   | Pass   | 11:56am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:56am |
| SRC  | Pass   | 11:56am |
| DET  | Pass   | 11:56am |
| BAR  | Pass   | 11:56am |
| BT   | Pass   | 11:56am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:57am |

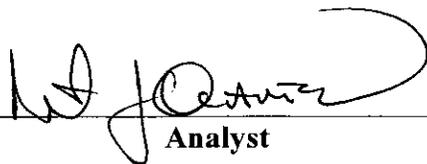
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:57am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:57am |
| CAL  | Pass   | 11:57am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

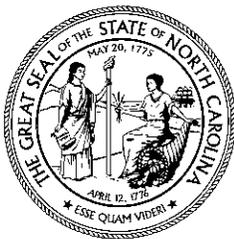
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 008913 109 S. MAPLE ST. GRAHAM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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.



NJA Quarante  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913  
Test Date: 03/18/2009

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

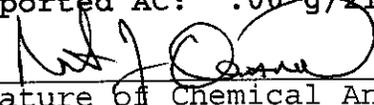
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

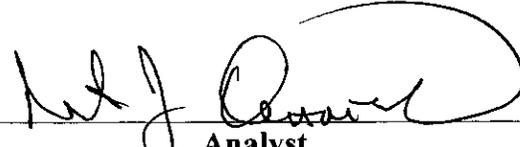
Lot Number: AG816303  
Exp Date: 06/11/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:43am        |
| AIR BLK         | .00        | 10:44am        |
| ACCY CHK        | .07        | 10:45am        |
| AIR BLK         | .00        | 10:46am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:46am</b> |
| AIR BLK         | .00        | 10:47am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:49am</b> |
| AIR BLK         | .00        | 10:50am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913      Test Record Number: 331  
Test Date: 03/18/2009      Test Time: 10:51am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:52am |
| FLO  | Pass   | 10:52am |
| FC   | Pass   | 10:52am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:52am |
| SRC  | Pass   | 10:52am |
| DET  | Pass   | 10:52am |
| BAR  | Pass   | 10:52am |
| BT   | Pass   | 10:52am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:52am |

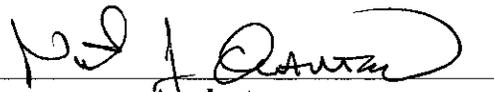
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:53am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:53am |
| CAL  | Pass   | 10:53am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

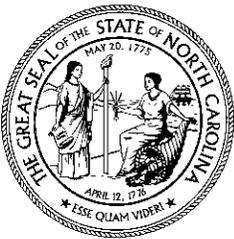
County ALAMANCE Instrument Location ALAMANCE CO. JAIL

Instrument Serial No. 008853 109 S. MARIE ST, GRAHAM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853  
Test Date: 03/18/2009

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

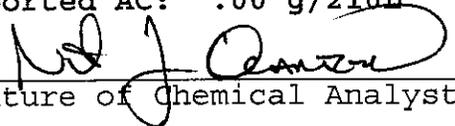
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

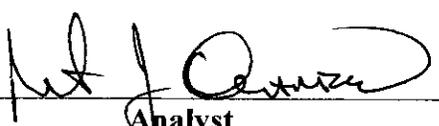
Lot Number: AG814002  
Exp Date: 05/19/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:40am        |
| AIR BLK         | .00        | 10:41am        |
| ACCY CHK        | .07        | 10:42am        |
| AIR BLK         | .00        | 10:43am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:43am</b> |
| AIR BLK         | .00        | 10:44am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:46am</b> |
| AIR BLK         | .00        | 10:47am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853      Test Record Number: 190  
Test Date: 03/18/2009      Test Time: 10:49am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:50am |

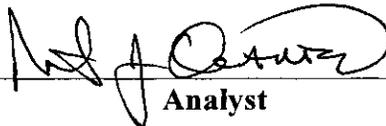
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:50am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:50am |
| CAL  | Pass   | 10:50am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location BURLINGTON PS

Instrument Serial No. 008907 267 W. FRONT ST. BURLINGTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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.



N. J. Quince  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907  
Test Date: 03/18/2009

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

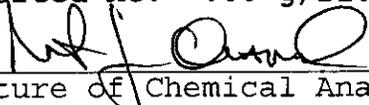
Analyst's Name:  
QUARANTELLLO, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

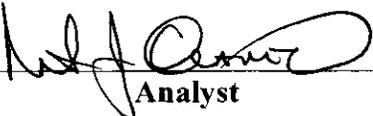
Lot Number: AG814002  
Exp Date: 05/19/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 9:58am         |
| AIR BLK         | .00        | 9:59am         |
| ACCY CHK        | .07        | 10:00am        |
| AIR BLK         | .00        | 10:01am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:02am</b> |
| AIR BLK         | .00        | 10:03am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:04am</b> |
| AIR BLK         | .00        | 10:05am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907      Test Record Number: 206  
Test Date: 03/18/2009      Test Time: 10:07am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:07am |
| FLO  | Pass   | 10:07am |
| FC   | Pass   | 10:08am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:08am |
| SRC  | Pass   | 10:08am |
| DET  | Pass   | 10:08am |
| BAR  | Pass   | 10:08am |
| BT   | Pass   | 10:08am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:08am |

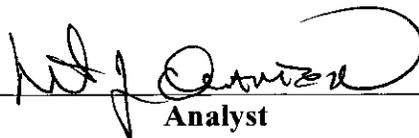
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:08am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:08am |
| CAL  | Pass   | 10:08am |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

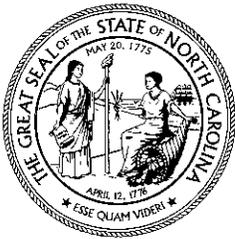
County ALAMANCE Instrument Location BURLINGTON P.D.

Instrument Serial No. 008812 267 W. FRONT ST. BURLINGTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812  
Test Date: 03/18/2009

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:  
QUARANTELLA, 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

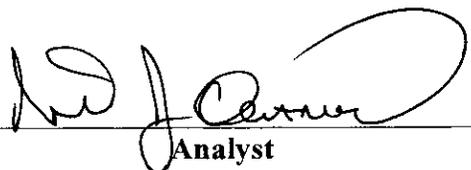
Lot Number: AG814002  
Exp Date: 05/19/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 9:57am         |
| AIR BLK         | .00        | 9:58am         |
| ACCY CHK        | .07        | 9:59am         |
| AIR BLK         | .00        | 10:00am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:00am</b> |
| AIR BLK         | .00        | 10:01am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:03am</b> |
| AIR BLK         | .00        | 10:04am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812      Test Record Number: 261  
Test Date: 03/18/2009      Test Time: 10:06am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:07am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:07am |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

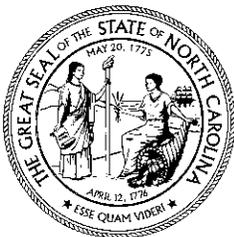
County Onslow Instrument Location 2 AF Mobile Unit 6

Instrument Serial No. 008898 Jacksonville P.D.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of MARCH, 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]  
Signature of Certifying Official

601  
Certificate Number

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

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898  
Test Date: 03/21/2009

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

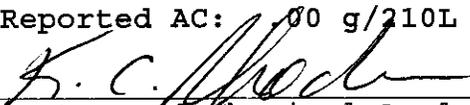
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:33pm        |
| AIR BLK         | .00        | 8:34pm        |
| ACCY CHK        | .07        | 8:34pm        |
| AIR BLK         | .00        | 8:35pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:35pm</b> |
| AIR BLK         | .00        | 8:36pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:38pm</b> |
| AIR BLK         | .00        | 8:39pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898      Test Record Number: 142  
Test Date: 03/21/2009      Test Time: 8:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:44pm |

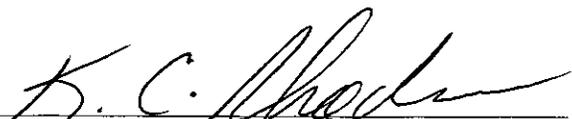
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:44pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

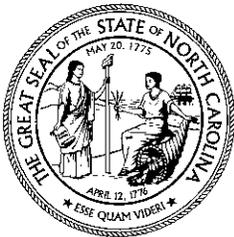
County Caslow Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008939 Jacksonville PD.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of March, 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.



K. C. Proctor  
Signature of Certifying Official

6001  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

ONSLow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939      Test Record Number: 136  
Test Date: 03/21/2009      Test Time: 8:52pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:52pm |
| FLO  | Pass   | 8:52pm |
| FC   | Pass   | 8:52pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:53pm |
| SRC  | Pass   | 8:53pm |
| DET  | Pass   | 8:53pm |
| BAR  | Pass   | 8:53pm |
| BT   | Pass   | 8:53pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:53pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:53pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:53pm |
| CAL  | Pass   | 8:53pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939  
Test Date: 03/21/2009

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

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:45pm        |
| AIR BLK         | .00        | 8:46pm        |
| ACCY CHK        | .07        | 8:47pm        |
| AIR BLK         | .00        | 8:48pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:48pm</b> |
| AIR BLK         | .00        | 8:49pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:50pm</b> |
| AIR BLK         | .00        | 8:51pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile Unit 6  
Instrument Serial No. 008869 Jacksonville PD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31 day of March, 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.



K. C. Miller  
Signature of Certifying Official

601  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

ONslow COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869      Test Record Number: 123  
Test Date: 03/21/2009      Test Time: 9:01pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:01pm |
| FLO  | Pass   | 9:01pm |
| FC   | Pass   | 9:02pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:02pm |
| SRC  | Pass   | 9:02pm |
| DET  | Pass   | 9:02pm |
| BAR  | Pass   | 9:02pm |
| BT   | Pass   | 9:02pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:02pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:02pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:03pm |
| CAL  | Pass   | 9:03pm |

Preventive Maintenance  
Status: Pass



Analyst

**Intox EC/IR-II: Subject Test**

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869  
Test Date: 03/21/2009

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

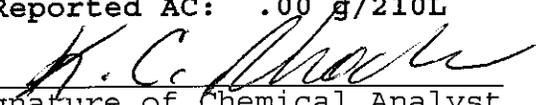
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

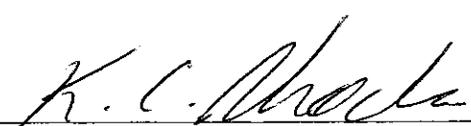
Lot Number: AG814002  
Exp Date: 05/19/2010

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:54pm        |
| AIR BLK         | .00        | 8:55pm        |
| ACCY CHK        | .07        | 8:55pm        |
| AIR BLK         | .00        | 8:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:57pm</b> |
| AIR BLK         | .00        | 8:58pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:59pm</b> |
| AIR BLK         | .00        | 9:00pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

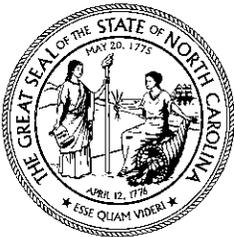
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County SCOTLAND Instrument Location SCOTLAND COUNTY  
Instrument Serial No. 008861 Sheriff's DEPT

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of MARCH, 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.



Paul T. Sumner  
Signature of Certifying Official

578  
Certificate Number

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

. Intox EC/IR-II: Subject Test

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861  
Test Date: 03/23/2009

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

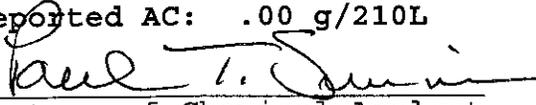
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

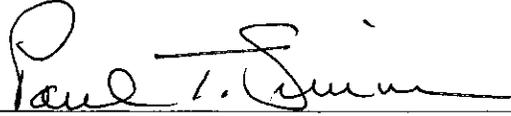
Lot Number: AG722601  
Exp Date: 08/13/2009

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

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861      Test Record Number: 72  
Test Date: 03/23/2009      Test Time: 10:13am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:13am |
| FLO  | Pass   | 10:13am |
| FC   | Pass   | 10:13am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:13am |
| SRC  | Pass   | 10:13am |
| DET  | Pass   | 10:13am |
| BAR  | Pass   | 10:13am |
| BT   | Pass   | 10:13am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:14am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:14am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:14am |
| CAL  | Pass   | 10:14am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MOORE Instrument Location Southern Pines  
Instrument Serial No. 008720 Police Dept.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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.



Paul T. [Signature]

Signature of Certifying Official

578

Certificate Number

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

Intox EC/IR-II: Subject Test

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720  
Test Date: 03/18/2009

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

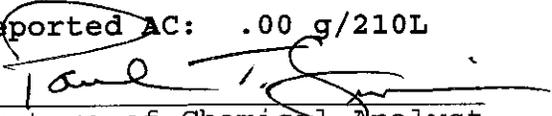
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

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

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:52pm        |
| AIR BLK         | .00        | 3:53pm        |
| ACCY CHK        | .07        | 3:53pm        |
| AIR BLK         | .00        | 3:54pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:55pm</b> |
| AIR BLK         | .00        | 3:56pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:57pm</b> |
| AIR BLK         | .00        | 3:58pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR.

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720      Test Record Number: 218  
Test Date: 03/18/2009      Test Time: 4:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:02pm |
| FLO  | Pass   | 4:02pm |
| FC   | Pass   | 4:02pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:02pm |
| SRC  | Pass   | 4:02pm |
| DET  | Pass   | 4:02pm |
| BAR  | Pass   | 4:02pm |
| BT   | Pass   | 4:02pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:03pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:03pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:03pm |
| CAL  | Pass   | 4:03pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

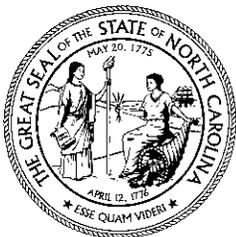
County Richmond Instrument Location RAF Mobile Unit 4

Instrument Serial No. 008734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 30<sup>th</sup> day of March, 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]  
Signature of Certifying Official

651  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

*RICHMOND COUNTY BAT MOBILE UNIT 4 760*

Serial Number: 008734      Test Record Number: 218  
Test Date: 03/20/2009      Test Time: 10:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:49pm |
| FLO  | Pass   | 10:49pm |
| FC   | Pass   | 10:49pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:49pm |
| SRC  | Pass   | 10:49pm |
| DET  | Pass   | 10:49pm |
| BAR  | Pass   | 10:49pm |
| BT   | Pass   | 10:49pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:50pm |

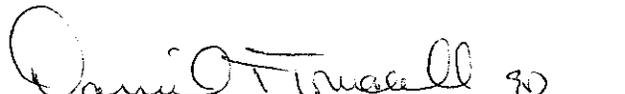
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:50pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:50pm |
| CAL  | Pass   | 10:50pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

**Intox EC/IR-II: Subject Test**

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: 008734  
Test Date: 03/20/2009

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

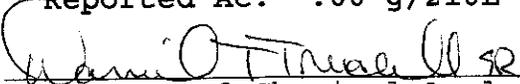
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
12/01/2007-12/01/2009

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       | 10:41pm        |
| AIR BLK         | .00        | 10:42pm        |
| ACCY CHK        | .07        | 10:43pm        |
| AIR BLK         | .00        | 10:44pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:44pm</b> |
| AIR BLK         | .00        | 10:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:47pm</b> |
| AIR BLK         | .00        | 10:48pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

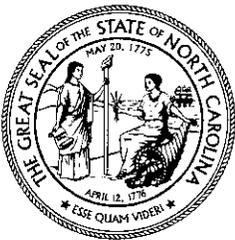
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County DAVIDSON Instrument Location BATMOBILE UNIT 3  
Instrument Serial No. 008707 THOMASVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20 day of MARCH, 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.



Alan R. Benson  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707  
Test Date: 03/20/2009

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: 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: AG816302

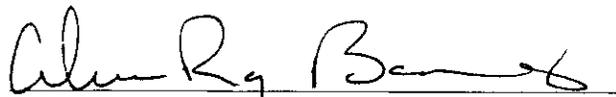
Exp Date: 06/11/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 9:57pm         |
| AIR BLK         | .00        | 9:58pm         |
| ACCY CHK        | .08        | 9:59pm         |
| AIR BLK         | .00        | 9:59pm         |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:00pm</b> |
| AIR BLK         | .00        | 10:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:02pm</b> |
| AIR BLK         | .00        | 10:03pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008707      Test Record Number: 275  
Test Date: 03/20/2009      Test Time: 10:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:06pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:06pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:06pm |
| CAL  | Pass   | 10:06pm |

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Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

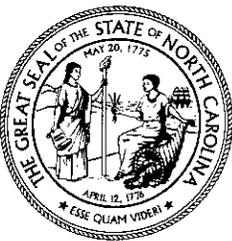
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008707 MATTHEWS, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of MARCH, 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.



Alan Rg B...  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008707  
Test Date: 03/17/2009

Citation Number: M0000000-0  
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

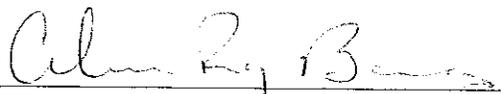
Lot Number: AG816302  
Exp Date: 06/11/2010

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

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707      Test Record Number: 270  
Test Date: 03/17/2009      Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:16pm |
| FLO  | Pass   | 11:16pm |
| FC   | Pass   | 11:16pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:17pm |
| SRC  | Pass   | 11:17pm |
| DET  | Pass   | 11:17pm |
| BAR  | Pass   | 11:17pm |
| BT   | Pass   | 11:17pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:17pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:17pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:17pm |
| CAL  | Pass   | 11:17pm |

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Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008647 MATTHEWS, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of MARCH, 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.



Alan Ray Beames  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 03/17/2009

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

Analyst's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective:  
12/01/2007-12/01/2009

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

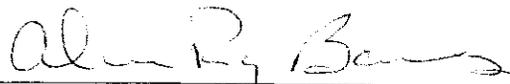
Lot Number: AG722602  
Exp Date: 08/13/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:10pm        |
| AIR BLK         | .00        | 11:11pm        |
| ACCY CHK        | .07        | 11:12pm        |
| AIR BLK         | .00        | 11:13pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:13pm</b> |
| AIR BLK         | .00        | 11:14pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:17pm</b> |
| AIR BLK         | .00        | 11:18pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647      Test Record Number: 438  
Test Date: 03/17/2009      Test Time: 11:20pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:20pm |
| FLO  | Pass   | 11:20pm |
| FC   | Pass   | 11:20pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:20pm |
| SRC  | Pass   | 11:20pm |
| DET  | Pass   | 11:20pm |
| BAR  | Pass   | 11:20pm |
| BT   | Pass   | 11:20pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:21pm |

Printer Tests

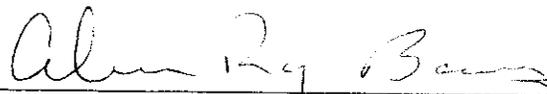
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:21pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:21pm |
| CAL  | Pass   | 11:21pm |

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Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

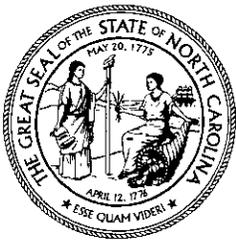
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008616 MATTHEWS, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of MARCH, 20 09 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.



Alan R. Benson  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 03/17/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601

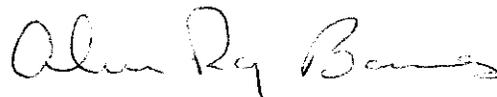
Exp Date: 08/13/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:26pm        |
| AIR BLK         | .00        | 11:27pm        |
| ACCY CHK        | .07        | 11:28pm        |
| AIR BLK         | .00        | 11:28pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:29pm</b> |
| AIR BLK         | .00        | 11:30pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:31pm</b> |
| AIR BLK         | .00        | 11:32pm        |

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616      Test Record Number: 424  
Test Date: 03/17/2009      Test Time: 11:33pm 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

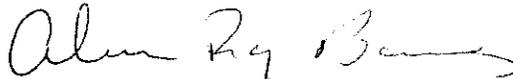
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:34pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:34pm |
| CAL  | Pass   | 11:34pm |

---

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

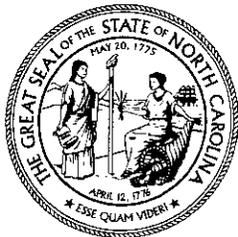
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MECKLENBURG Instrument Location BATMOBILE Unit 3  
Instrument Serial No. 008616 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of MARCH, 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.



Alan R. B...  
Signature of Certifying Official

648  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008616  
Test Date: 03/12/2009

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            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:35pm        |
| AIR BLK         | .00        | 11:36pm        |
| ACCY CHK        | .07        | 11:37pm        |
| AIR BLK         | .00        | 11:38pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:38pm</b> |
| AIR BLK         | .00        | 11:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:40pm</b> |
| AIR BLK         | .00        | 11:41pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616      Test Record Number: 419  
Test Date: 03/12/2009      Test Time: 11:43pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:44pm |

Printer Tests

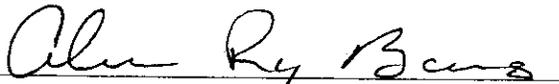
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:44pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:44pm |
| CAL  | Pass   | 11:44pm |

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Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

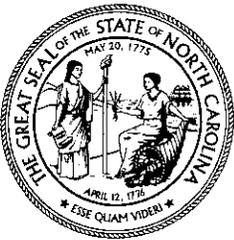
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location BATMOBILE UNIT 3  
Instrument Serial No. 008647 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of MARCH, 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.



Alan R. Benson  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008647  
Test Date: 03/12/2009

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

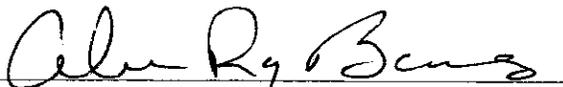
Lot Number: AG722602  
Exp Date: 08/13/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:33pm        |
| AIR BLK         | .00        | 11:34pm        |
| ACCY CHK        | .07        | 11:35pm        |
| AIR BLK         | .00        | 11:35pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:36pm</b> |
| AIR BLK         | .00        | 11:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:38pm</b> |
| AIR BLK         | .00        | 11:39pm        |

Reported AC: .00 g/210L

\_\_\_\_\_  
Signature of Chemical Analyst

\_\_\_\_\_  
Court CVR

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647      Test Record Number: 431  
Test Date: 03/12/2009      Test Time: 11:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:41pm |
| FLO  | Pass   | 11:41pm |
| FC   | Pass   | 11:41pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:42pm |

Printer Tests

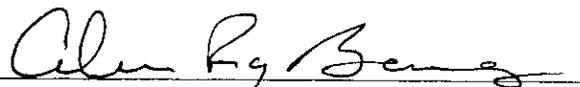
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:42pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:42pm |
| CAL  | Pass   | 11:42pm |

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Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

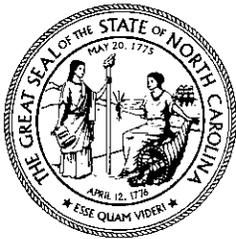
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County MECKLENBURG Instrument Location BATMOBILE UNIT 3  
Instrument Serial No. 008707 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of MARCH, 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.



Alan Rg Bums  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3  
590

Serial Number: 008707  
Test Date: 03/12/2009

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

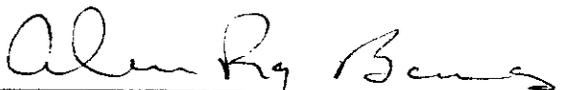
Lot Number: AG816302  
Exp Date: 06/11/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:42pm        |
| AIR BLK         | .00        | 10:43pm        |
| ACCY CHK        | .08        | 10:44pm        |
| AIR BLK         | .00        | 10:45pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:45pm</b> |
| AIR BLK         | .00        | 10:46pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:47pm</b> |
| AIR BLK         | .00        | 10:48pm        |

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

Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707      Test Record Number: 264  
Test Date: 03/12/2009      Test Time: 10:49pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:50pm |
| FLO  | Pass   | 10:50pm |
| FC   | Pass   | 10:50pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:50pm |
| SRC  | Pass   | 10:50pm |
| DET  | Pass   | 10:50pm |
| BAR  | Pass   | 10:50pm |
| BT   | Pass   | 10:50pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:50pm |

Printer Tests

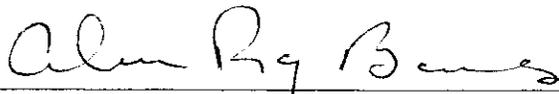
| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:51pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:51pm |
| CAL  | Pass   | 10:51pm |

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Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

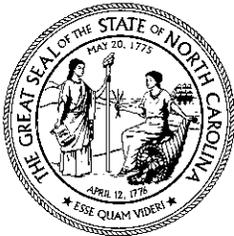
County Wayne Instrument Location But Mobile Unit #5

Instrument Serial No. 008698 600532200

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13<sup>th</sup> day of MARCH, 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.



Joseph O. Thomas  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698      Test Record Number: 295  
Test Date: 03/13/2009      Test Time: 11:54pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:54pm |
| FLO  | Pass   | 11:54pm |
| FC   | Pass   | 11:54pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:54pm |
| SRC  | Pass   | 11:54pm |
| DET  | Pass   | 11:54pm |
| BAR  | Pass   | 11:54pm |
| BT   | Pass   | 11:54pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:55pm |

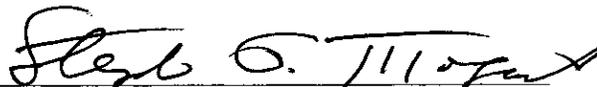
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:55pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:55pm |
| CAL  | Pass   | 11:55pm |

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698  
Test Date: 03/13/2009

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

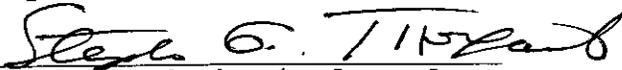
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

Officer's Name: NONE, NONE 1  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

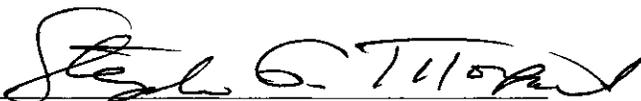
Lot Number: AG723401  
Exp Date: 08/21/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:42pm        |
| AIR BLK         | .00        | 11:43pm        |
| ACCY CHK        | .07        | 11:43pm        |
| AIR BLK         | .00        | 11:44pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:45pm</b> |
| AIR BLK         | .00        | 11:46pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:47pm</b> |
| AIR BLK         | .00        | 11:48pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAYNE

Instrument Location BAT Mobile Unit #5

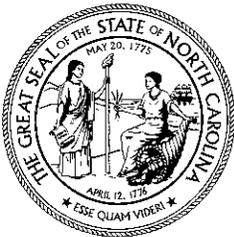
Instrument Serial No. 008788

6-44513020

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13<sup>TH</sup> day of MARCH, 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]

Signature of Certifying Official

636

Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788      Test Record Number: 161  
Test Date: 03/13/2009      Test Time: 11:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:31pm |

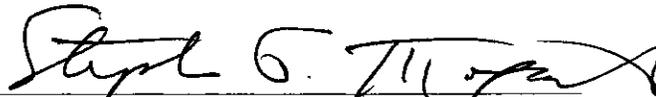
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:31pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788  
Test Date: 03/13/2009

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: 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: AG722802

Exp Date: 08/15/2009

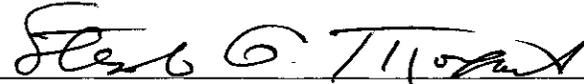
Test g/210L Time

|                 |            |                |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:18pm        |
| AIR BLK         | .00        | 11:18pm        |
| ACCY CHK        | .08        | 11:19pm        |
| AIR BLK         | .00        | 11:20pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:20pm</b> |
| AIR BLK         | .00        | 11:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:23pm</b> |
| AIR BLK         | .00        | 11:24pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
 Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

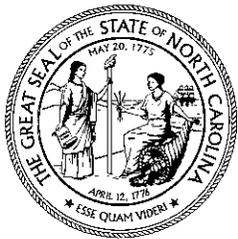
County WAYNE Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008788 GLD5 Baro

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13<sup>th</sup> day of March, 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.



Steph O. Thomas  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788      Test Record Number: 161  
Test Date: 03/13/2009      Test Time: 11:29pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:31pm |

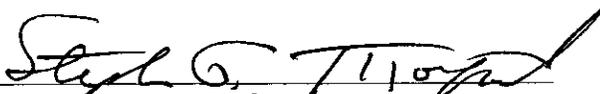
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:31pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788  
Test Date: 03/13/2009

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

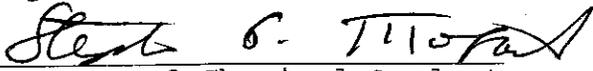
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

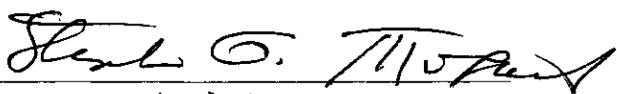
Lot Number: AG722802  
Exp Date: 08/15/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:18pm        |
| AIR BLK         | .00        | 11:18pm        |
| ACCY CHK        | .08        | 11:19pm        |
| AIR BLK         | .00        | 11:20pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:20pm</b> |
| AIR BLK         | .00        | 11:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:23pm</b> |
| AIR BLK         | .00        | 11:24pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

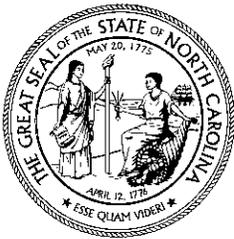
County MOORE Instrument Location MOORE COUNTY JAIL

Instrument Serial No. 008735 CARTHAGE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MOORE MOORE COUNTY JAIL 620

Serial Number: 008735  
Test Date: 03/18/2009

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

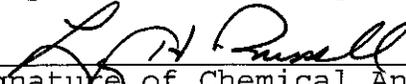
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

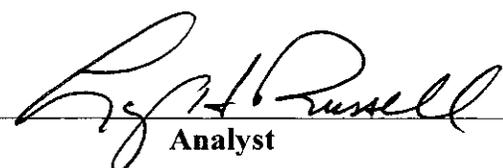
Lot Number: AG902603  
Exp Date: 01/26/2011

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 4:20pm        |
| AIR BLK         | .00        | 4:21pm        |
| ACCY CHK        | .08        | 4:22pm        |
| AIR BLK         | .00        | 4:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:23pm</b> |
| AIR BLK         | .00        | 4:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>4:25pm</b> |
| AIR BLK         | .00        | 4:26pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR.

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Preventive Maintenance

MOORE MOORE COUNTY JAIL 620

Serial Number: 008735      Test Record Number: 335  
Test Date: 03/18/2009      Test Time: 4:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:27pm |
| FLO  | Pass   | 4:27pm |
| FC   | Pass   | 4:28pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:28pm |
| SRC  | Pass   | 4:28pm |
| DET  | Pass   | 4:28pm |
| BAR  | Pass   | 4:28pm |
| BT   | Pass   | 4:28pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:28pm |

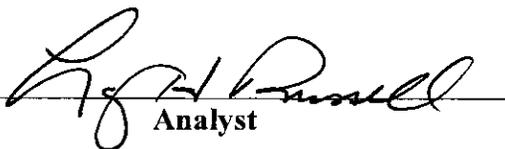
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:28pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:28pm |
| CAL  | Pass   | 4:28pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

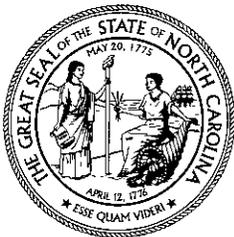
County MOORE Instrument Location ROBBINS POLICE

Instrument Serial No. 008728 DEPT, ROBBINS, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

MOORE ROBBINS PD 620

Serial Number: 008728  
Test Date: 03/18/2009

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

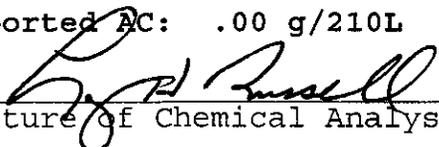
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

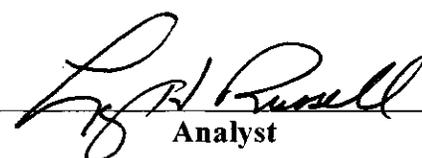
Lot Number: AG722702  
Exp Date: 08/14/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:28am        |
| AIR BLK         | .00        | 10:29am        |
| ACCY CHK        | .07        | 10:30am        |
| AIR BLK         | .00        | 10:31am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:32am</b> |
| AIR BLK         | .00        | 10:33am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:35am</b> |
| AIR BLK         | .00        | 10:35am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR.

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MOORE ROBBINS PD 620

Serial Number: 008728      Test Record Number: 94  
Test Date: 03/18/2009      Test Time: 10:41am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:41am |
| FLO  | Pass   | 10:41am |
| FC   | Pass   | 10:41am |

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   | 10:42am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:42am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:42am |
| CAL  | Pass   | 10:42am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

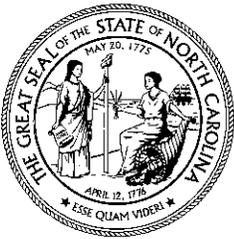
County MOORE Instrument Location PINEHURST POLICE

Instrument Serial No. 008710 DEPT.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 18 day of MARCH, 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.



Paul T. Thurman 578  
Signature of Certifying Official Certificate Number

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

**Intox EC/IR-II: Subject Test**

MOORE PINEHURST PD. 620

Serial Number: 008710  
Test Date: 03/18/2009

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

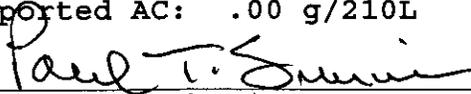
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

MOORE PINEHURST PD. 620

Serial Number: 008710      Test Record Number: 274  
Test Date: 03/18/2009      Test Time: 11:29am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:30am |

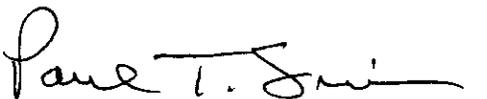
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:30am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:31am |
| CAL  | Pass   | 11:31am |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RICHMOND Instrument Location RICHMOND COUNTY

Instrument Serial No. 8840 MAGISTRATE'S OFFICE.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of MARCH, 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.



Paul T. Sullivan  
Signature of Certifying Official

578  
Certificate Number

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

intox EC/IR-II: Subject Test

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840  
Test Date: 03/17/2009

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

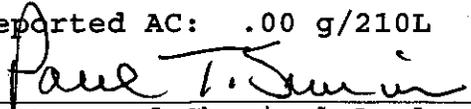
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

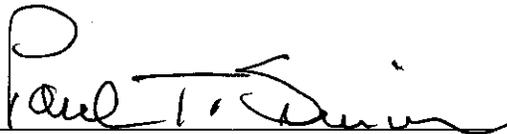
Lot Number: AG722501  
Exp Date: 08/12/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:30pm        |
| AIR BLK         | .00        | 1:31pm        |
| ACCY CHK        | .07        | 1:32pm        |
| AIR BLK         | .00        | 1:33pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:33pm</b> |
| AIR BLK         | .00        | 1:34pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:36pm</b> |
| AIR BLK         | .00        | 1:36pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840      Test Record Number: 157  
Test Date: 03/17/2009      Test Time: 1:48pm EDT

System Check: *Passed*

**Baseline Tests**

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:49pm |
| FLO  | Pass   | 1:49pm |
| FC   | Pass   | 1:49pm |

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:49pm |
| SRC  | Pass   | 1:49pm |
| DET  | Pass   | 1:49pm |
| BAR  | Pass   | 1:49pm |
| BT   | Pass   | 1:49pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:50pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:50pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:50pm |
| CAL  | Pass   | 1:50pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

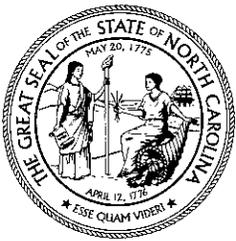
County RICHMOND Instrument Location RICHMOND COUNTY

Instrument Serial No. 008701 MAGISTRATES OFFICE

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 17 day of MARCH, 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]  
Signature of Certifying Official

578  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701  
Test Date: 03/17/2009

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

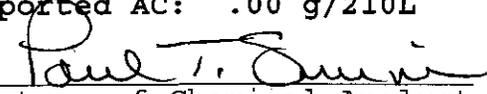
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG902901  
Exp Date: 01/11/2011

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

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

**Intox EC/IR-II: Preventive Maintenance**

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701      Test Record Number: 513  
Test Date: 03/17/2009      Test Time: 1:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:06pm |
| SRC  | Pass   | 1:06pm |
| DET  | Pass   | 1:06pm |
| BAR  | Pass   | 1:06pm |
| BT   | Pass   | 1:06pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:07pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:07pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:07pm |
| CAL  | Pass   | 1:07pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

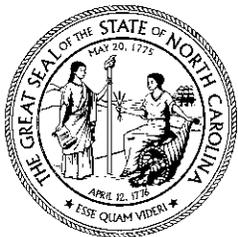
County LEE Instrument Location LEE COUNTY JAIL

Instrument Serial No. 008645 SANFORD NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 16 day of MARCH, 20 09 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.



R. A. Russell  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645  
Test Date: 03/16/2009

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

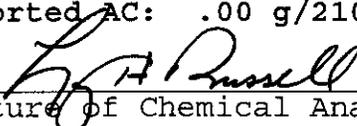
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

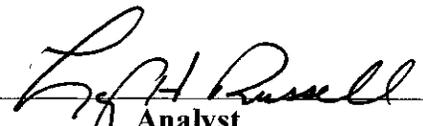
Lot Number: AG723301  
Exp Date: 08/20/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:46pm        |
| AIR BLK         | .00        | 3:47pm        |
| ACCY CHK        | .07        | 3:48pm        |
| AIR BLK         | .00        | 3:48pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:49pm</b> |
| AIR BLK         | .00        | 3:50pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:52pm</b> |
| AIR BLK         | .00        | 3:53pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645      Test Record Number: 660  
Test Date: 03/16/2009      Test Time: 3:53pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:54pm |

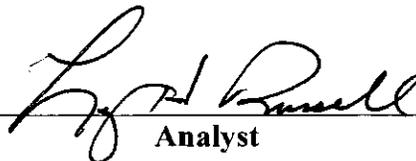
**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:54pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:55pm |
| CAL  | Pass   | 3:55pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

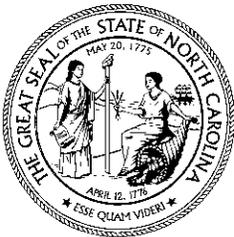
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Hyde Instrument Location Hyde Co. Sheriff's Office  
Instrument Serial No. 008801 1223 Main St, Swan Quarter, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3<sup>rd</sup> day of March, 20 09 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]  
Signature of Certifying Official

643  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801  
Test Date: 03/03/2009

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

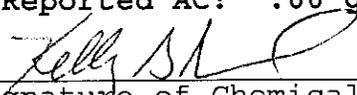
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
12/01/2007-12/01/2009

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

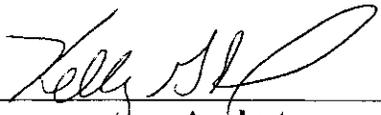
Lot Number: AG722701  
Exp Date: 08/14/2009

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

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*HYDE COUNTY HYDE CO SO SWAN QUAR 470*

Serial Number: 008801      Test Record Number: 95  
Test Date: 03/03/2009      Test Time: 10:21am EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:21am |
| FLO  | Pass   | 10:21am |
| FC   | Pass   | 10:22am |

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:22am |

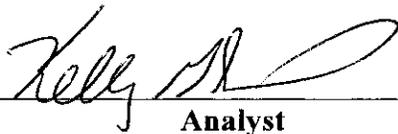
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:22am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:23am |
| CAL  | Pass   | 10:23am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

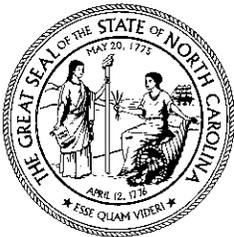
County Groverville Instrument Location BAT Mobile Unit 9

Instrument Serial No. C02734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13<sup>th</sup> day of March, 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]  
Signature of Certifying Official

651  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734      Test Record Number: 208  
Test Date: 03/13/2009      Test Time: 9:46pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:46pm |
| FLO  | Pass   | 9:46pm |
| FC   | Pass   | 9:46pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:46pm |
| SRC  | Pass   | 9:46pm |
| DET  | Pass   | 9:46pm |
| BAR  | Pass   | 9:46pm |
| BT   | Pass   | 9:46pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:47pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:47pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:47pm |
| CAL  | Pass   | 9:47pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
**Analyst**

**Intox EC/IR-II: Subject Test**

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734  
Test Date: 03/13/2009

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

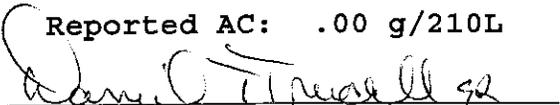
Test Type: Breath Test

Lot Number: AG722501

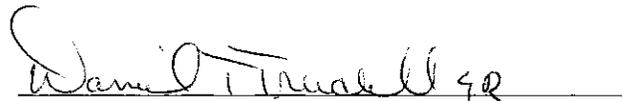
Exp Date: 08/12/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 9:38pm        |
| AIR BLK         | .00        | 9:39pm        |
| ACCY CHK        | .07        | 9:39pm        |
| AIR BLK         | .00        | 9:40pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:41pm</b> |
| AIR BLK         | .00        | 9:42pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:43pm</b> |
| AIR BLK         | .00        | 9:44pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

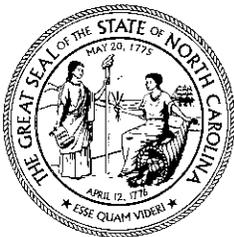
County Durham Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14<sup>th</sup> day of March, 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.



Daniel T. Trushell Sr.  
Signature of Certifying Official

651  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734      Test Record Number: 211  
Test Date: 03/14/2009      Test Time: 8:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:43pm |

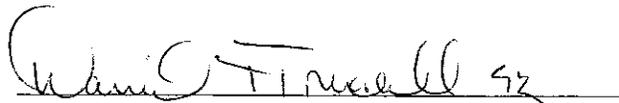
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:43pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:43pm |
| CAL  | Pass   | 8:43pm |

Preventive Maintenance  
Status: Pass

  
Analyst

**Intox EC/IR-II: Subject Test**

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734

Test Date: 03/14/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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

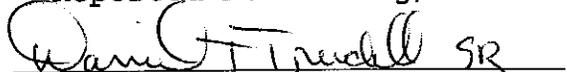
Test Type: Breath Test

Lot Number: AG722501

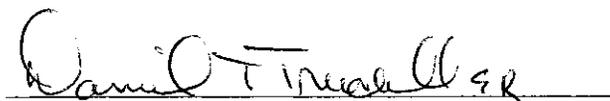
Exp Date: 08/12/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:34pm        |
| AIR BLK         | .00        | 8:35pm        |
| ACCY CHK        | .07        | 8:36pm        |
| AIR BLK         | .00        | 8:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:38pm</b> |
| AIR BLK         | .00        | 8:38pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:40pm</b> |
| AIR BLK         | .00        | 8:41pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

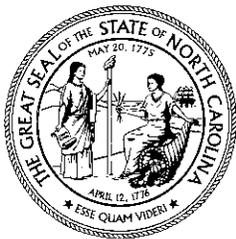
County Durham Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008821

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 14th day of March, 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]  
Signature of Certifying Official

651  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871      Test Record Number: 90  
Test Date: 03/14/2009      Test Time: 9:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:28pm |
| FLO  | Pass   | 9:28pm |
| FC   | Pass   | 9:28pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:28pm |
| SRC  | Pass   | 9:28pm |
| DET  | Pass   | 9:28pm |
| BAR  | Pass   | 9:28pm |
| BT   | Pass   | 9:28pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:28pm |

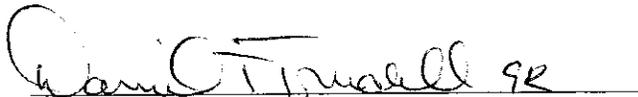
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:28pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:29pm |
| CAL  | Pass   | 9:29pm |

Preventive Maintenance  
Status: Pass

  
Analyst

**Intox EC/IR-II: Subject Test**

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871  
Test Date: 03/14/2009

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

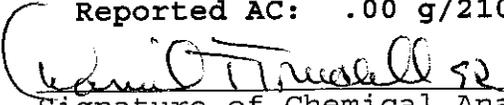
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
12/01/2007-12/01/2009

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       | 9:18pm        |
| AIR BLK         | .00        | 9:19pm        |
| ACCY CHK        | .07        | 9:20pm        |
| AIR BLK         | .00        | 9:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:21pm</b> |
| AIR BLK         | .00        | 9:22pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:24pm</b> |
| AIR BLK         | .00        | 9:25pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

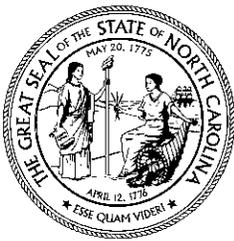
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location CUMBERLAND County  
Instrument Serial No. 008614 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of MARCH, 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.



Paul T. [Signature]  
Signature of Certifying Official

578  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614  
Test Date: 03/09/2009

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

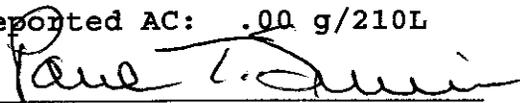
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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       | 3:15pm        |
| AIR BLK         | .00        | 3:15pm        |
| ACCY CHK        | .08        | 3:16pm        |
| AIR BLK         | .00        | 3:17pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:18pm</b> |
| AIR BLK         | .00        | 3:19pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:20pm</b> |
| AIR BLK         | .00        | 3:21pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR.

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614      Test Record Number: 655  
Test Date: 03/09/2009      Test Time: 3:22pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:22pm |
| FLO  | Pass   | 3:22pm |
| FC   | Pass   | 3:22pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:22pm |
| SRC  | Pass   | 3:22pm |
| DET  | Pass   | 3:22pm |
| BAR  | Pass   | 3:22pm |
| BT   | Pass   | 3:22pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:23pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:23pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:23pm |
| CAL  | Pass   | 3:23pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CUMBERLAND Instrument Location CUMBERLAND COUNTY  
Instrument Serial No. 008632 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of MARCH, 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.



Paul T. ...  
Signature of Certifying Official

578  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632  
Test Date: 03/09/2009

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

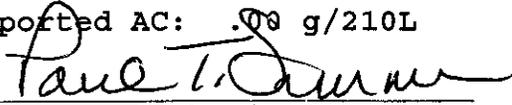
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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       | 2:45pm        |
| AIR BLK         | .00        | 2:46pm        |
| ACCY CHK        | .08        | 2:46pm        |
| AIR BLK         | .00        | 2:47pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:49pm</b> |
| AIR BLK         | .00        | 2:49pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:51pm</b> |
| AIR BLK         | .00        | 2:52pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

*CUMBERLAND COUNTY DETENTION CTR 250*

Serial Number: 008632      Test Record Number: 625  
Test Date: 03/09/2009      Test Time: 2:53pm EDT

System Check: *Passed*

**Baseline Tests**

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

**Temperature Tests**

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:53pm |
| SRC  | Pass   | 2:53pm |
| DET  | Pass   | 2:53pm |
| BAR  | Pass   | 2:53pm |
| BT   | Pass   | 2:53pm |

**Blank Tests**

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:54pm |

**Printer Tests**

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:54pm |

**CRC Tests**

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:54pm |
| CAL  | Pass   | 2:54pm |

Preventive Maintenance  
Status: Pass



**Analyst**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

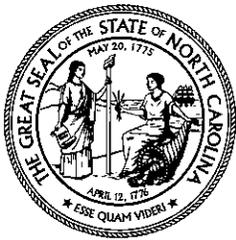
County CUMBERLAND Instrument Location CUMBERLAND

Instrument Serial No. 008633 County Detention Center

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of MARCH, 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.



Paul T. Sumner  
Signature of Certifying Official

528  
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633  
Test Date: 03/09/2009

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

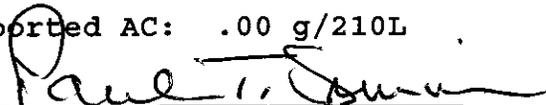
Test Type: Breath Test

Lot Number: AG901901

Exp Date: 01/19/2011

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:29pm        |
| AIR BLK         | .00        | 1:29pm        |
| ACCY CHK        | .08        | 1:30pm        |
| AIR BLK         | .00        | 1:31pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:32pm</b> |
| AIR BLK         | .00        | 1:33pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:34pm</b> |
| AIR BLK         | .00        | 1:35pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633      Test Record Number: 535  
Test Date: 03/09/2009      Test Time: 1:45pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:45pm |
| FLO  | Pass   | 1:45pm |
| FC   | Pass   | 1:46pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:46pm |
| SRC  | Pass   | 1:46pm |
| DET  | Pass   | 1:46pm |
| BAR  | Pass   | 1:46pm |
| BT   | Pass   | 1:46pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:46pm |

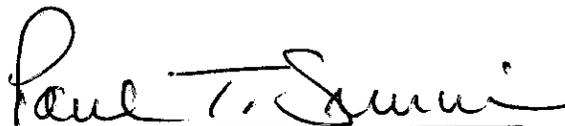
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:46pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:46pm |
| CAL  | Pass   | 1:46pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

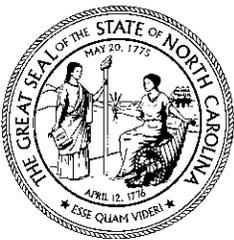
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County CUMBERLAND Instrument Location CUMBERLAND COUNTY  
Instrument Serial No. 008672 DETENTION CENTER

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of MARCH, 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.



Paul T. Simpson  
Signature of Certifying Official

578  
Certificate Number

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672  
Test Date: 03/09/2009

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

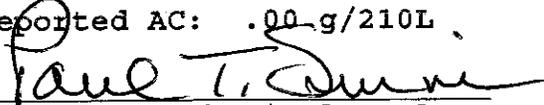
Analyst's Name: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective:  
12/01/2007-12/01/2009

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       | 12:57pm       |
| AIR BLK         | .00        | 12:58pm       |
| ACCY CHK        | .08        | 12:59pm       |
| AIR BLK         | .00        | 12:59pm       |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:00pm</b> |
| AIR BLK         | .00        | 1:01pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:03pm</b> |
| AIR BLK         | .00        | 1:03pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR.

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672      Test Record Number: 1025  
Test Date: 03/09/2009      Test Time: 1:05pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:06pm |
| SRC  | Pass   | 1:06pm |
| DET  | Pass   | 1:06pm |
| BAR  | Pass   | 1:06pm |
| BT   | Pass   | 1:06pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:06pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:06pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:07pm |
| CAL  | Pass   | 1:07pm |

Preventive Maintenance  
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

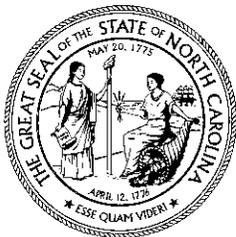
County New Hanover Instrument Location BAI Mobile Unit 6

Instrument Serial No. 008939

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of March, 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.



K. C. [Signature]  
Signature of Certifying Official

601  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

*NEW HANOVER COUNTY BAT MOBILE UNIT 6 640*

Serial Number: 008939      Test Record Number: 132  
Test Date: 03/06/2009      Test Time: 8:17pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:17pm |
| FLO  | Pass   | 8:17pm |
| FC   | Pass   | 8:17pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:17pm |
| SRC  | Pass   | 8:17pm |
| DET  | Pass   | 8:17pm |
| BAR  | Pass   | 8:17pm |
| BT   | Pass   | 8:17pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:18pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:18pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:18pm |
| CAL  | Pass   | 8:18pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6  
640

Serial Number: 008939  
Test Date: 03/06/2009

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

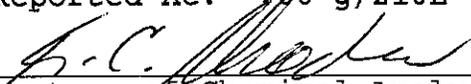
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:09pm        |
| AIR BLK         | .00        | 8:10pm        |
| ACCY CHK        | .07        | 8:11pm        |
| AIR BLK         | .00        | 8:12pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:12pm</b> |
| AIR BLK         | .00        | 8:13pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:15pm</b> |
| AIR BLK         | .00        | 8:16pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

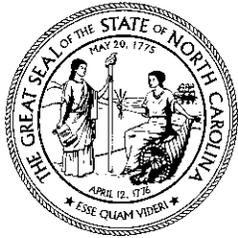
County New Hanover Instrument Location Bar Mobile Unit 6

Instrument Serial No. 008898

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of March, 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.



B. C. Proctor  
Signature of Certifying Official

601  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898      Test Record Number: 135  
Test Date: 03/06/2009      Test Time: 8:26pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:27pm |
| FLO  | Pass   | 8:27pm |
| FC   | Pass   | 8:27pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:27pm |
| SRC  | Pass   | 8:27pm |
| DET  | Pass   | 8:27pm |
| BAR  | Pass   | 8:27pm |
| BT   | Pass   | 8:27pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:28pm |

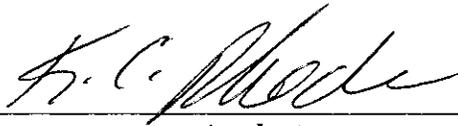
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:28pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:28pm |
| CAL  | Pass   | 8:28pm |

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6  
640

Serial Number: 008898  
Test Date: 03/06/2009

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

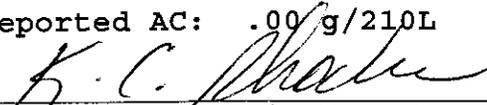
Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective:  
02/01/2008-02/01/2010

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

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

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 8:19pm        |
| AIR BLK         | .00        | 8:20pm        |
| ACCY CHK        | .07        | 8:20pm        |
| AIR BLK         | .00        | 8:21pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:22pm</b> |
| AIR BLK         | .00        | 8:23pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:24pm</b> |
| AIR BLK         | .00        | 8:25pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

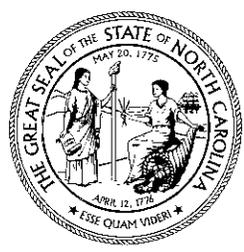
County New Hanover Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008869

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of March, 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.



K. C. Moore  
Signature of Certifying Official

601  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869      Test Record Number: 117  
Test Date: 03/06/2009      Test Time: 8:07pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:07pm |
| FLO  | Pass   | 8:07pm |
| FC   | Pass   | 8:07pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:07pm |
| SRC  | Pass   | 8:07pm |
| DET  | Pass   | 8:07pm |
| BAR  | Pass   | 8:07pm |
| BT   | Pass   | 8:07pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:08pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:08pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:08pm |
| CAL  | Pass   | 8:08pm |

Preventive Maintenance  
Status: Pass



Analyst

**Intox EC/IR-II: Subject Test**

NEW HANOVER COUNTY BAT MOBILE UNIT 6  
640

Serial Number: 008869  
Test Date: 03/06/2009

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: 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       | 7:59pm        |
| AIR BLK         | .00        | 8:00pm        |
| ACCY CHK        | .08        | 8:01pm        |
| AIR BLK         | .00        | 8:02pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:02pm</b> |
| AIR BLK         | .00        | 8:03pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:05pm</b> |
| AIR BLK         | .00        | 8:06pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

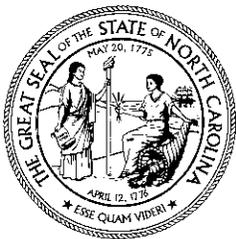
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Pitt Instrument Location Ayden Police Dept.  
Instrument Serial No. 008666 4144 West Ave, Ayden, NC 28513

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10<sup>th</sup> day of March, 20 09 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.



Kelly A. H.  
Signature of Certifying Official

643  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

PITT AYDEN PD 730

Serial Number: 008666  
Test Date: 03/10/2009

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: AG722602

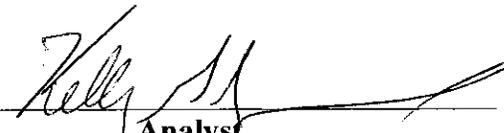
Exp Date: 08/13/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:30pm        |
| AIR BLK         | .00        | 3:31pm        |
| ACCY CHK        | .07        | 3:31pm        |
| AIR BLK         | .00        | 3:32pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:33pm</b> |
| AIR BLK         | .00        | 3:34pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:35pm</b> |
| AIR BLK         | .00        | 3:36pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

PITT AYDEN PD 730

Serial Number: 008666      Test Record Number: 287  
Test Date: 03/10/2009      Test Time: 3:38pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:38pm |
| FLO  | Pass   | 3:38pm |
| FC   | Pass   | 3:38pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:38pm |
| SRC  | Pass   | 3:38pm |
| DET  | Pass   | 3:38pm |
| BAR  | Pass   | 3:38pm |
| BT   | Pass   | 3:38pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:39pm |

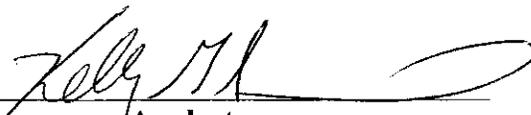
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:39pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:39pm |
| CAL  | Pass   | 3:39pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt

Instrument Location Pitt Co Detention Center

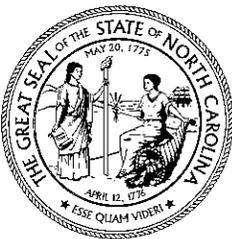
Instrument Serial No. 0086608

124 Detention Dr, Greenville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10<sup>th</sup> day of March, 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]  
Signature of Certifying Official

643  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668  
Test Date: 03/10/2009

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

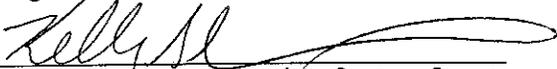
Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective:  
12/01/2007-12/01/2009

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

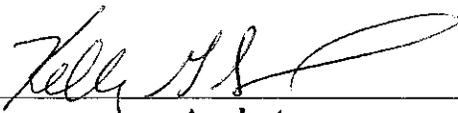
Lot Number: AG816303  
Exp Date: 06/11/2010

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 2:10pm        |
| AIR BLK         | .00        | 2:11pm        |
| ACCY CHK        | .07        | 2:12pm        |
| AIR BLK         | .00        | 2:13pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:13pm</b> |
| AIR BLK         | .00        | 2:14pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>2:16pm</b> |
| AIR BLK         | .00        | 2:17pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668      Test Record Number: 836  
Test Date: 03/10/2009      Test Time: 2:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:19pm |
| FLO  | Pass   | 2:19pm |
| FC   | Pass   | 2:19pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:19pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:20pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:20pm |
| CAL  | Pass   | 2:20pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt

Instrument Location P.H. Co. Detention Center

Instrument Serial No. 008662

124 Detention Dr., Greenville, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10<sup>th</sup> day of March, 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.



Kelly M. [Signature]  
Signature of Certifying Official

643  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662

Test Date: 03/10/2009

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

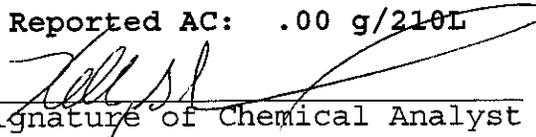
Test Type: Breath Test

Lot Number: AG722602

Exp Date: 08/13/2009

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

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662      Test Record Number: 295  
Test Date: 03/10/2009      Test Time: 2:17pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:19pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:19pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

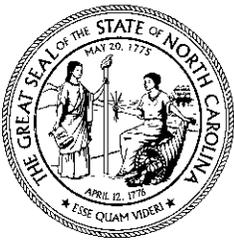
County RANDOLPH Instrument Location RANDOLPH Co. Jail

Instrument Serial No. 002299 Asheboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05<sup>th</sup> day of MARCH, 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899  
Test Date: 03/05/2009

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

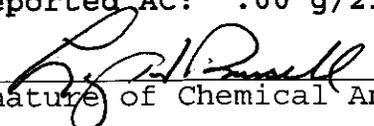
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

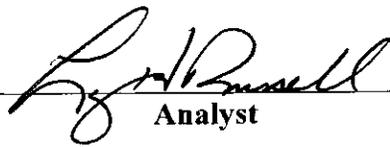
Lot Number: AG723402  
Exp Date: 08/21/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 1:35pm        |
| AIR BLK         | .00        | 1:36pm        |
| ACCY CHK        | .07        | 1:36pm        |
| AIR BLK         | .00        | 1:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:38pm</b> |
| AIR BLK         | .00        | 1:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>1:40pm</b> |
| AIR BLK         | .00        | 1:41pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899      Test Record Number: 425  
Test Date: 03/05/2009      Test Time: 1:42pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:43pm |
| SRC  | Pass   | 1:43pm |
| DET  | Pass   | 1:43pm |
| BAR  | Pass   | 1:43pm |
| BT   | Pass   | 1:43pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:44pm |

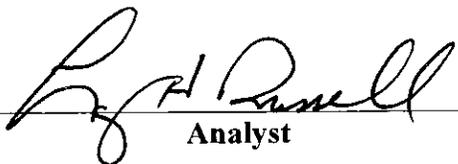
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:44pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:44pm |
| CAL  | Pass   | 1:44pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

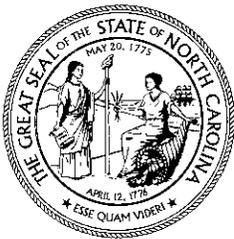
County RANDOLPH Instrument Location RANDOLPH Co. Jail

Instrument Serial No. 008860 ASHEBORO NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of MARCH, 20 09 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860  
Test Date: 03/05/2009

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

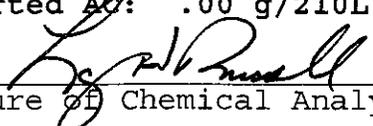
Test Type: Breath Test

Lot Number: AG722601

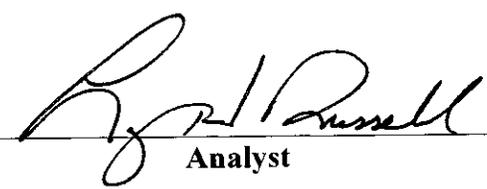
Exp Date: 08/13/2009

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

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

**Intox EC/IR-II: Preventive Maintenance**

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860      Test Record Number: 167  
Test Date: 03/05/2009      Test Time: 2:11pm EST

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   | 2:11pm |
| SRC  | Pass   | 2:11pm |
| DET  | Pass   | 2:11pm |
| BAR  | Pass   | 2:11pm |
| BT   | Pass   | 2:11pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:12pm |

Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:12pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:12pm |
| CAL  | Pass   | 2:12pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

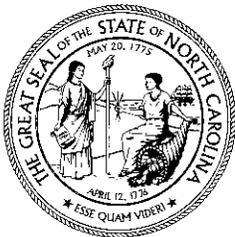
County RANDOLPH Instrument Location RANDLEMAN POLICE

Instrument Serial No. 008737 DOT, RANDLEMAN NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of MARCH, 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737

Test Date: 03/05/2009

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

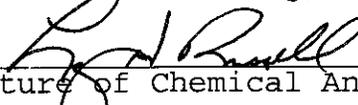
Test Type: Breath Test

Lot Number: AG723402

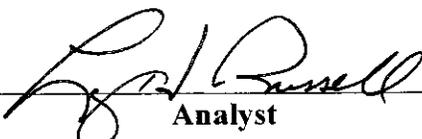
Exp Date: 08/21/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:57am        |
| AIR BLK         | .00        | 10:58am        |
| ACCY CHK        | .07        | 10:59am        |
| AIR BLK         | .00        | 11:00am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:01am</b> |
| AIR BLK         | .00        | 11:02am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:03am</b> |
| AIR BLK         | .00        | 11:04am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737      Test Record Number: 155  
Test Date: 03/05/2009      Test Time: 11:06am EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:06am |
| FLO  | Pass   | 11:06am |
| FC   | Pass   | 11:07am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:07am |
| SRC  | Pass   | 11:07am |
| DET  | Pass   | 11:07am |
| BAR  | Pass   | 11:07am |
| BT   | Pass   | 11:07am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:07am |

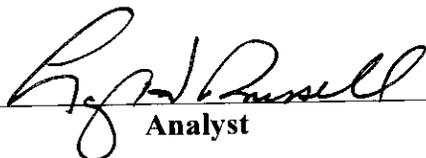
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:07am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:07am |
| CAL  | Pass   | 11:07am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

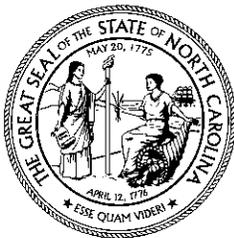
County RANDOLPH Instrument Location LIBERTY POLICE

Instrument Serial No. 008830 DEPT, LIBERTY NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 05 day of MARCH, 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830  
Test Date: 03/05/2009

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

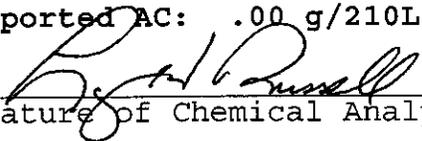
Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective:  
12/01/2007-12/01/2009

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

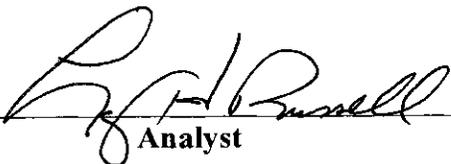
Lot Number: AG722601  
Exp Date: 08/13/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:28pm        |
| AIR BLK         | .00        | 3:28pm        |
| ACCY CHK        | .07        | 3:29pm        |
| AIR BLK         | .00        | 3:30pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:31pm</b> |
| AIR BLK         | .00        | 3:31pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:33pm</b> |
| AIR BLK         | .00        | 3:36pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830      Test Record Number: 133  
Test Date: 03/05/2009      Test Time: 3:41pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:42pm |
| FLO  | Pass   | 3:42pm |
| FC   | Pass   | 3:42pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:42pm |
| SRC  | Pass   | 3:42pm |
| DET  | Pass   | 3:42pm |
| BAR  | Pass   | 3:42pm |
| BT   | Pass   | 3:42pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:42pm |

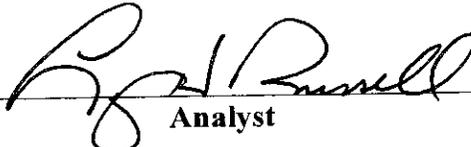
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:42pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:43pm |
| CAL  | Pass   | 3:43pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

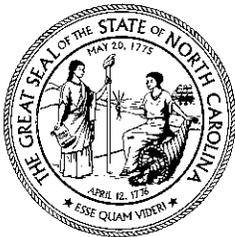
County LEE Instrument Location SANFORD POLICE

Instrument Serial No. 008863 DPT, SANFORD, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of MARCH, 20 09 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]  
Signature of Certifying Official

371  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008863  
Test Date: 03/10/2009

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: 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

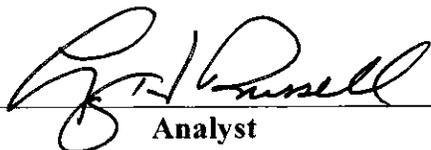
Lot Number: AG825401  
Exp Date: 09/10/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 12:33pm        |
| AIR BLK         | .00        | 12:34pm        |
| ACCY CHK        | .08        | 12:34pm        |
| AIR BLK         | .00        | 12:35pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:36pm</b> |
| AIR BLK         | .00        | 12:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>12:39pm</b> |
| AIR BLK         | .00        | 12:40pm        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008863      Test Record Number: 43  
Test Date: 03/10/2009      Test Time: 12:41pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:42pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:42pm |

CRC Tests

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

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

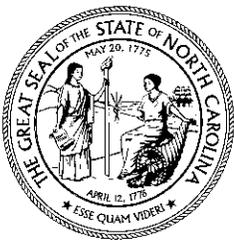
County Wake Instrument Location BAT MOBILE UNIT #5

Instrument Serial No. 008600 RALEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7<sup>th</sup> day of MARCH, 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.



Steph O. Thomas 636  
Signature of Certifying Official Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600    Test Record Number: 439  
Test Date: 03/07/2009    Test Time: 10:47pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:48pm |
| FLO  | Pass   | 10:48pm |
| FC   | Pass   | 10:48pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:48pm |
| SRC  | Pass   | 10:48pm |
| DET  | Pass   | 10:48pm |
| BAR  | Pass   | 10:48pm |
| BT   | Pass   | 10:48pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:49pm |

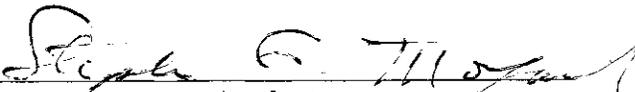
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:49pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:49pm |
| CAL  | Pass   | 10:49pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600  
Test Date: 03/07/2009

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

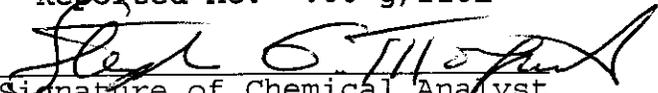
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

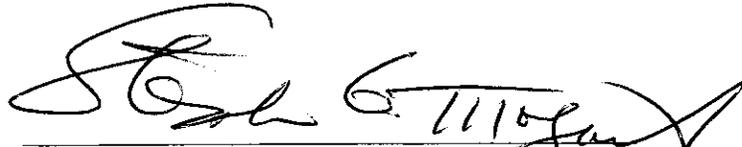
Lot Number: AG723401  
Exp Date: 08/21/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:39pm        |
| AIR BLK         | .00        | 10:40pm        |
| ACCY CHK        | .07        | 10:40pm        |
| AIR BLK         | .00        | 10:41pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:42pm</b> |
| AIR BLK         | .00        | 10:43pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:44pm</b> |
| AIR BLK         | .00        | 10:45pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

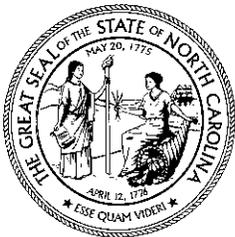
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County Wake Instrument Location BAT MOBILE UNIT #5  
Instrument Serial No. 008678 RALPH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7<sup>th</sup> day of NOVEMBER, 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.



Steph B. M... [Signature] 636  
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698      Test Record Number: 291  
Test Date: 03/07/2009      Test Time: 11:15pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:16pm |
| FLO  | Pass   | 11:16pm |
| FC   | Pass   | 11:16pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:16pm |
| SRC  | Pass   | 11:16pm |
| DET  | Pass   | 11:16pm |
| BAR  | Pass   | 11:16pm |
| BT   | Pass   | 11:16pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:16pm |

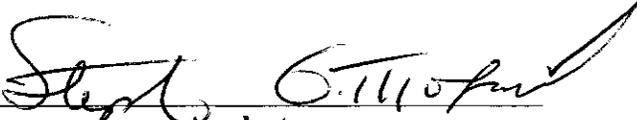
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:17pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:17pm |
| CAL  | Pass   | 11:17pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698  
Test Date: 03/07/2009

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

Analyst's Name: 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

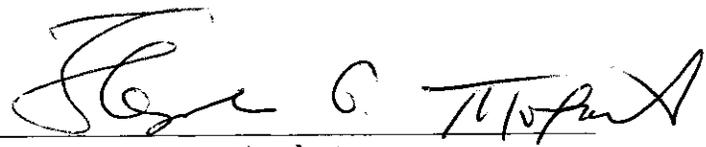
Lot Number: AG723401  
Exp Date: 08/21/2009

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:58pm |
| AIR BLK  | .00    | 10:59pm |
| ACCY CHK | .07    | 11:00pm |
| AIR BLK  | .00    | 11:00pm |
| SUB TEST | .00    | 11:01pm |
| AIR BLK  | .00    | 11:02pm |
| SUB TEST | .00    | 11:05pm |
| AIR BLK  | .00    | 11:06pm |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location BAT MOBILE UNIT #5  
RALIGH  
Instrument Serial No. 008788

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7<sup>TH</sup> day of MARCH, 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.



Steph G III  
Signature of Certifying Official

636  
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788      Test Record Number: 154  
Test Date: 03/07/2009      Test Time: 10:46pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:46pm |
| FLO  | Pass   | 10:46pm |
| FC   | Pass   | 10:46pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:46pm |
| SRC  | Pass   | 10:46pm |
| DET  | Pass   | 10:46pm |
| BAR  | Pass   | 10:46pm |
| BT   | Pass   | 10:46pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:47pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:47pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:47pm |
| CAL  | Pass   | 10:47pm |

Preventive Maintenance  
Status: Pass



Analyst

Intox EC/IR-II: Subject Test. . .

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788  
Test Date: 03/07/2009

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

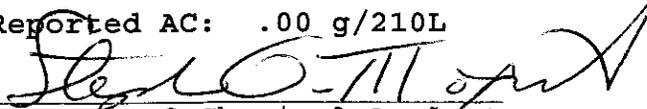
Analyst's Name: MORGART, STEPHEN G  
Permit Number: 09372E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG722802  
Exp Date: 08/15/2009

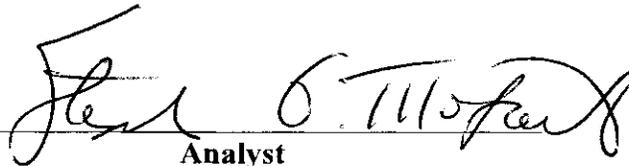
| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:37pm        |
| AIR BLK         | .00        | 10:38pm        |
| ACCY CHK        | .08        | 10:38pm        |
| AIR BLK         | .00        | 10:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:40pm</b> |
| AIR BLK         | .00        | 10:41pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:42pm</b> |
| AIR BLK         | .00        | 10:43pm        |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

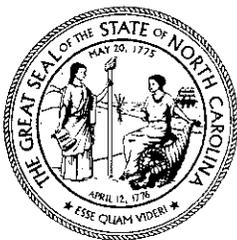
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647 GIBSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of MARCH, 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.



Alan Ray Bowers  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647  
Test Date: 03/06/2009

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602

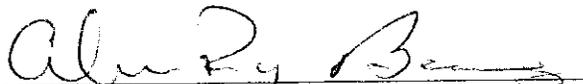
Exp Date: 08/13/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:21pm        |
| AIR BLK         | .00        | 11:22pm        |
| ACCY CHK        | .07        | 11:23pm        |
| AIR BLK         | .00        | 11:24pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:24pm</b> |
| AIR BLK         | .00        | 11:25pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:26pm</b> |
| AIR BLK         | .00        | 11:27pm        |

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

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647      Test Record Number: 425  
Test Date: 03/06/2009      Test Time: 11:28pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:29pm |

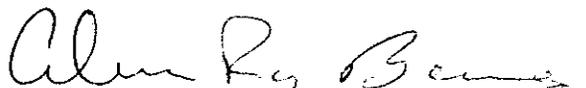
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:29pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:30pm |
| CAL  | Pass   | 11:30pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GUILFORD Instrument Location BATMOBILE UNIT 3  
Instrument Serial No. 008616 GIBSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of MARCH, 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.



Alan Ray Bowers  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616  
Test Date: 03/06/2009

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: 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

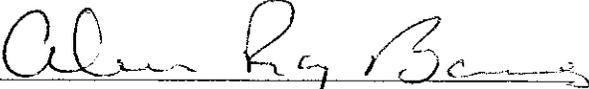
Lot Number: AG722601  
Exp Date: 08/13/2009

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 11:35pm        |
| AIR BLK         | .00        | 11:36pm        |
| ACCY CHK        | .07        | 11:36pm        |
| AIR BLK         | .00        | 11:37pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:38pm</b> |
| AIR BLK         | .00        | 11:39pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:40pm</b> |
| AIR BLK         | .00        | 11:41pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 414  
Test Date: 03/06/2009 Test Time: 11:41pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:42pm |
| FLO  | Pass   | 11:42pm |
| FC   | Pass   | 11:42pm |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:42pm |
| SRC  | Pass   | 11:42pm |
| DET  | Pass   | 11:42pm |
| BAR  | Pass   | 11:42pm |
| BT   | Pass   | 11:42pm |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:43pm |

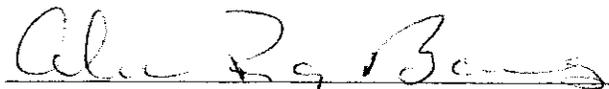
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:43pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:43pm |
| CAL  | Pass   | 11:43pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

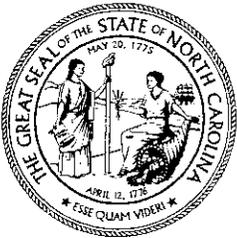
**PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II**

County GUILFORD Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. CO8707 GIBSONVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of MARCH, 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.



Alan Ray Burns  
Signature of Certifying Official

648  
Certificate Number

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

Intox EC/IR-II: Subject Test

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707  
Test Date: 03/06/2009

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: 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: AG816302

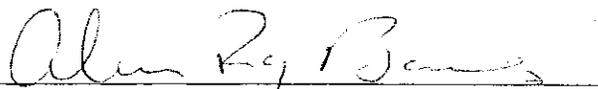
Exp Date: 06/11/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:01pm        |
| AIR BLK         | .00        | 10:02pm        |
| ACCY CHK        | .08        | 10:03pm        |
| AIR BLK         | .00        | 10:04pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:06pm</b> |
| AIR BLK         | .00        | 10:07pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:08pm</b> |
| AIR BLK         | .00        | 10:09pm        |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

  
Analyst

Intox EC/IR-II: Preventive Maintenance

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707      Test Record Number: 261  
Test Date: 03/06/2009      Test Time: 10:10pm EST

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:11pm |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:11pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:11pm |
| CAL  | Pass   | 10:11pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

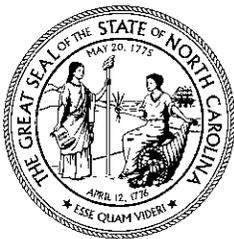
County Granville Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7<sup>th</sup> day of March, 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]  
Signature of Certifying Official

657  
Certificate Number

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

**Intox EC/IR-II: Preventive Maintenance**

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734      Test Record Number: 204  
Test Date: 03/07/2009      Test Time: 9:03pm EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:03pm |
| FLO  | Pass   | 9:03pm |
| FC   | Pass   | 9:03pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:03pm |
| SRC  | Pass   | 9:03pm |
| DET  | Pass   | 9:03pm |
| BAR  | Pass   | 9:03pm |
| BT   | Pass   | 9:03pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:04pm |

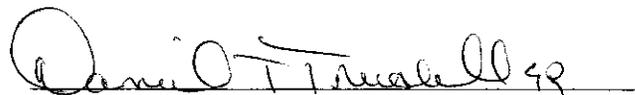
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:04pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:04pm |
| CAL  | Pass   | 9:04pm |

Preventive Maintenance  
Status: Pass

  
Analyst

**Intox EC/IR-II: Subject Test**

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734  
Test Date: 03/07/2009

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

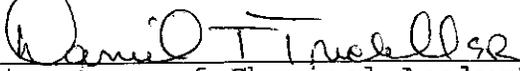
Analyst's Name: TRUDELL, SR., DANIEL T  
Permit Number: 21535E  
Effective:  
12/01/2007-12/01/2009

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       | 8:55pm        |
| AIR BLK         | .00        | 8:56pm        |
| ACCY CHK        | .07        | 8:57pm        |
| AIR BLK         | .00        | 8:57pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>8:58pm</b> |
| AIR BLK         | .00        | 8:59pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>9:01pm</b> |
| AIR BLK         | .00        | 9:01pm        |

Reported AC: .00 g/210L

  
Signature of Chemical Analyst

Court CVR

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rutherford Instrument Location Forest City PD

Instrument Serial No. 008889 187 S. Church St., Forest City  
828-245-5555

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3rd day of March, 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.



Joseph E. Hutchinson  
Signature of Certifying Official

650  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889  
Test Date: 03/03/2009

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

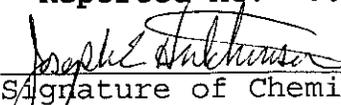
Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective:  
12/01/2007-12/01/2009

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

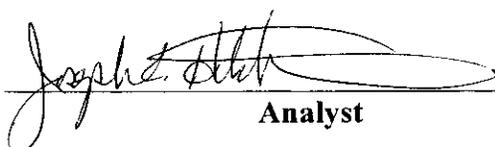
Lot Number: AG816303  
Exp Date: 06/11/2010

| Test            | g/210L     | Time           |
|-----------------|------------|----------------|
| DIAG            | Pass       | 10:28am        |
| AIR BLK         | .00        | 10:29am        |
| ACCY CHK        | .07        | 10:29am        |
| AIR BLK         | .00        | 10:30am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:31am</b> |
| AIR BLK         | .00        | 10:32am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>10:33am</b> |
| AIR BLK         | .00        | 10:34am        |

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889      Test Record Number: 145  
Test Date: 03/03/2009      Test Time: 10:35am EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:35am |
| FLO  | Pass   | 10:35am |
| FC   | Pass   | 10:36am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:36am |
| SRC  | Pass   | 10:36am |
| DET  | Pass   | 10:36am |
| BAR  | Pass   | 10:36am |
| BT   | Pass   | 10:36am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:36am |

Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:36am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:37am |
| CAL  | Pass   | 10:37am |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

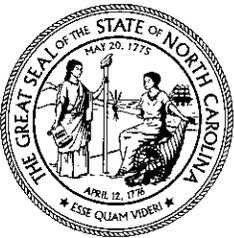
County Rutherford Instrument Location Rutherford Co. S.D.

Instrument Serial No. 008881 400 N. Washington St. Rutherfordton  
828-627-6247

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 3 day of March, 20 09 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.



Bobby E. Wilcox  
Signature of Certifying Official

557  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

RUTHERFORD COUNTY RUTHERFORD COUNTY SD  
800

Serial Number: 008881  
Test Date: 03/03/2009

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: 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            | Pass       | 11:36am        |
| AIR BLK         | .00        | 11:37am        |
| ACCY CHK        | .07        | 11:37am        |
| AIR BLK         | .00        | 11:38am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:39am</b> |
| AIR BLK         | .00        | 11:40am        |
| <b>SUB TEST</b> | <b>.00</b> | <b>11:41am</b> |
| AIR BLK         | .00        | 11:42am        |

Reported AC: .00 g/210L

Bobby O. Willis  
Signature of Chemical Analyst

Court CVR

Bobby O. Willis  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008881      Test Record Number: 192  
Test Date: 03/03/2009      Test Time: 11:44am EST

System Check: *Passed*

Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:44am |
| FLO  | Pass   | 11:44am |
| FC   | Pass   | 11:44am |

Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:44am |
| SRC  | Pass   | 11:44am |
| DET  | Pass   | 11:44am |
| BAR  | Pass   | 11:44am |
| BT   | Pass   | 11:44am |

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:45am |

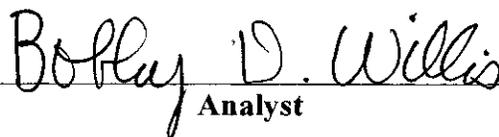
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:45am |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:45am |
| CAL  | Pass   | 11:45am |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rockingham Instrument Location Waxhaw P.D.

Instrument Serial No. 008802

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of MARCH, 20 09 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]  
Signature of Certifying Official

632  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Date: 03/12/2009

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

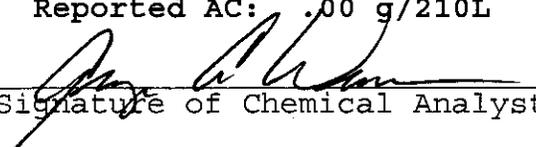
Test Type: Breath Test

Lot Number: AG722701-23

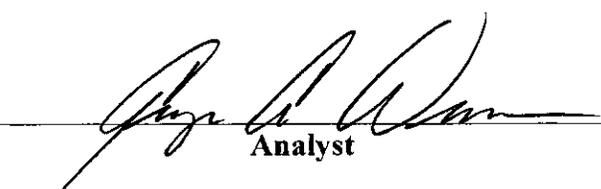
Exp Date: 08/14/2009

| Test            | g/210L     | Time          |
|-----------------|------------|---------------|
| DIAG            | Pass       | 3:06pm        |
| AIR BLK         | .00        | 3:07pm        |
| ACCY CHK        | .07        | 3:07pm        |
| AIR BLK         | .00        | 3:08pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:09pm</b> |
| AIR BLK         | .00        | 3:10pm        |
| <b>SUB TEST</b> | <b>.00</b> | <b>3:11pm</b> |
| AIR BLK         | .00        | 3:12pm        |

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

**Intox EC/IR-II: Preventive Maintenance**

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802      Test Record Number: 162  
Test Date: 03/12/2009      Test Time: 3:14pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:14pm |
| FLO  | Pass   | 3:14pm |
| FC   | Pass   | 3:14pm |

Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:14pm |
| SRC  | Pass   | 3:14pm |
| DET  | Pass   | 3:14pm |
| BAR  | Pass   | 3:14pm |
| BT   | Pass   | 3:14pm |

Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:15pm |

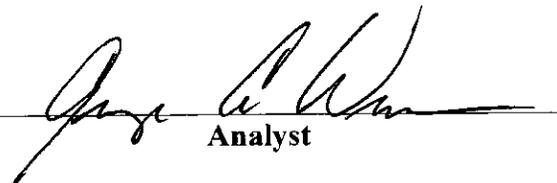
Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:15pm |

CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:15pm |
| CAL  | Pass   | 3:15pm |

Preventive Maintenance  
Status: Pass

  
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

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

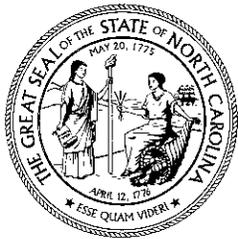
County WAKE Instrument Location CCBI

Instrument Serial No. 008816 330 S. SALISBURY ST, RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 25 day of MARCH, 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]  
Signature of Certifying Official

652  
Certificate Number

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

**Intox EC/IR-II: Subject Test**

WAKE COUNTY CCBI 910

Serial Number: 008816  
Test Date: 03/25/2009

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

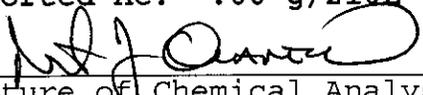
Analyst's Name:  
QUARANTELLA, NICHOLAS J  
Permit Number: 21536E  
Effective:  
01/01/2008-01/01/2010

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

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

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

Reported AC: .00 g/210L

  
\_\_\_\_\_  
Signature of Chemical Analyst

Court CVR

  
\_\_\_\_\_  
Analyst

**Intox EC/IR-II: Preventive Maintenance**

WAKE COUNTY CCBI 910

Serial Number: 008816      Test Record Number: 1235  
Test Date: 03/25/2009      Test Time: 12:12pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:13pm |

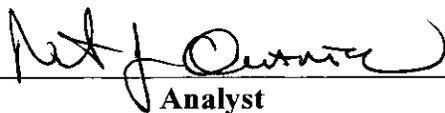
Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 12:13pm |

CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:13pm |
| CAL  | Pass   | 12:13pm |

Preventive Maintenance  
Status: Pass

  
\_\_\_\_\_  
Analyst