PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	en Hanover Instrument Location BAT	Mobile Unite
Instrument Se	rial No. 008898 Wilmington	
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be re:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	n simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	date, or the alcoholic breath soholic Breath Simulator tests,
procedures w	on the 30 day of 007, 209 the for ere performed on the instrument indicated above, in accordance with currer f Health and Human Services, and the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
STATE STATE OF THE	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Record Number: 332 Test Date: 10/30/2009 Test Time: 10:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:51pm
SRC	Pass	10:51pm
DET	Pass	10:51pm
BAR	Pass	10:51pm
BT	Pass	10:51pm

Blank Tests

Test	Status	Time
AIR	Pass	10:52pm

Printer Tests

Test

CAL

PRNT	Pass	10:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:52pm

Status

Time

10:52pm

Preventive Maintenance Status: Pass

Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008898 Test Date: 10/30/2009

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //ec	No. 008939 Wilmington
Instrument Seria	INO. OCE 939 Wilmington
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 30 day of 007, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
CREATE OF ALL STATE OF ALL STAT	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Record Number: 305 Test Date: 10/30/2009 Test Time: 11:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:04pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 10/30/2009

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:55pm 10:56pm 10:57pm
AIR BLK	.00	10:58pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location_ Instrument Serial No. <u>6088</u>LG The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 30I certify that on the 50 day of 007, 2009 the forgoing preventive mainter procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. the forgoing preventive maintenance Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 10/30/2009 Test Record Number: 205 Test Time: 11:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:58pm 11:58pm
FC	Pass	11:58pm

Temperature Tests

Status	Time
Pass	11:58pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:59pm 11:59pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008869 Test Date: 10/30/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:50pm 11:51pm 11:52pm 11:53pm 11:53pm
AIR BLK	.00	11:54pm
SUB TEST	.00	11:56pm
AIR BLK	.00	11:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Ca	barrus Instrument Location Cabarrus County SD
Instrument Seria	11 No. <u>008625</u> <u>30 Corban Ave SE, Goncord</u> 704 - 920-3000
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>36th</u> day of <u>Otober</u> , 20 <u>0</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF MAN 20, 175 MAN 120, 175 MAN 12	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 10/26/2009

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: HUTCHINSON, JOSEPH E Permit Number: 19951E Effective: 10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:25pm 1:26pm
ACCY CHK	.08	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:31pm
AIR BLK	.00	1:32pm

.00 g/210L

gnature of Chemical Analyst

Court CVR

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 1567
Test Date: 10/26/2009 Test Time: 1:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:34pm 1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:35pm

Preventive Maintenance Status: Pass

Pass

CAL

1:35pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	ston Instrument Location Gaston County 5D
Instrument Seria	100. 008643 425 N. Marietta Street, Gastonia 704-869-6800
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>36414</u> day of <u>Octobes</u> , 20 <u>09</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OTHE STATE OF NOTICE AND S	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 10/26/2009

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:17am 11:18am
ACCY CHK	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
ATR BLK	. 00	11:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 707 Test Date: 10/26/2009 Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	grnett Ir		MUND	Police
Instrument Seri	ial No. <u>00 3544</u>	Dept. D	עטע, אוטטי	<u>C., </u>
The preventive four months are	maintenance procedures for the Intoxin	neters, Model Intox EC	C/IR II to be followed	at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of		pholic breath simulate	or thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			·
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath sample;		
7.	When "PLEASE BLOW" appears, c	ollect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.			
	the <u>Jo</u> day of <u>OCTO</u> e performed on the instrument indicated Health and Human Services, and the ins			ventive maintenance ons of the N.C.
THE STATE OF A STATE O	Signature	of Certifying Official	Cer	1528 tificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 10/26/2009

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:29pm 12:29pm 12:30pm 12:31pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:34pm
ATR BLK	.00	12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 670 Test Date: 10/26/2009 Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:36pm 12:36pm
FC	Pass	12:37pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Status

Test

CAL

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

Time

12:37pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrumer	nt Serial No. OO8647 CHARLOTTE, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the <u>30</u> day of <u>OCTOBER</u> , 20 <u>09</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
VI 18 TO SEE AT	Columba Bans 648
	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/30/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:38pm 11:39pm 11:39pm 11:40pm 11:41pm 11:42pm 11:43pm
AIR BLK	.00	11:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 644 Test Date: 10/30/2009 Test Time: 11:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45pm
FLO	Pass	11:45pm
FC	Pass	11:45pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:46pm 11:46pm

Preventive Maintenance Status: Pass

11:46pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	ECKLENBURG Instrument Location BATMOBILE UNIT 3
Instrument Seri	al No. 008616 CHARLOTTE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he <u>30</u> day of <u>OCTOBER</u> , 20 <u>O9</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OPPLE STATE OF NO.	A CAROLINA C
FOR CLAM VIDER	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 10/30/2009

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: BARNES, ALVIN R Permit Number: 15671E

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 662 Test Date: 10/30/2009 Test Time: 11:41pm EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:42pm 11:42pm 11:42pm 11:42pm 11:42pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	11:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:43pm 11:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrumen	Serial No. 008707 CHARLOTTE, NC
The preve	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	on the 30 day of OCTOBER, 2009 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
GREAT SE	E O NO ME CAROLINA CA
* ESSE QUAM	Clu Rg Bons 648
	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/30/2009

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: BARNES, ALVIN R
Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:41pm
AIR BLK	.00	11:42pm
ACCY CHK	.08	11:43pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:47pm
AIR BLK	.00	11:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 457 Test Date: 10/30/2009 Test Time: 11:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:50pm

Printer Tests

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

11:51pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location	n BATMOBILE DUIT 3
Instrument S	Serial No. <u>008707</u>	-	CONCORD, NC
The prevent		e Intoximeters, Model Into	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		e alcoholic breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	red;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath samp	ole;
7.	When "PLEASE BLOW" ap	ppears, collect breath samp	ole;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	unister is being changed be nanged every four months o	efore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures we	on the day of or ere performed on the instrument in f Health and Human Services, and	ndicated above, in accorda	the forgoing preventive maintenance ance with current regulations of the N.C. ning properly.
OTH STATE	S Z OR THE CAROLINA C		
4PRIL 12, 1776	al.	Rg Ban	-> 648
	Sig	gnature of Certifying Offic	· · · · · · · · · · · · · · · · · · ·

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 10/17/2009

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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:14pm
AIR BLK	.00	4:15pm
ACCY CHK	.08	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:19pm
AIR BLK	.00	4:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Number: 445 Test Date: 10/17/2009 Test Time: 4:20pm EDT

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System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:21pm
FLO	Pass	4:21pm
FC	Pass	4:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:21pm
SRC	Pass	4:21pm
DET	Pass	4:21pm
BAR	Pass	4:21pm
BT	Pass	4:21pm

Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst `

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CABARRUS Instrument Location BAT MUSILE UNIT 3
Instrumer	CABARRUS Instrument Location BAT MUBILE UNIT 3 at Serial No. 008647 CONCORD, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the 17 day of 0CTOBER, 2007 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
STAN STAN	THE CARD AND ADDRESS OF THE PARTY OF THE PAR
ESE QUA	alun Rg Bann 648
	Signature of Certifying Official Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 10/17/2009

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:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 632 Test Date: 10/17/2009 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:01pm

Printer Tests

Status Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRU	5	Instrument Location	BATMOBILE	UNIT 3
Instrumen	t Serial No	9616		BAT MOBILE CONCORD, N	<u>C</u>
The preve	ntive maintenance proc hs are:	edures for the In	toximeters, Model Intox E	C/IR II to be followed at le	ast once every
1.	Verify the ethan 34 degrees, plu	nol gas canister d s or minus .2 deg	isplays pressure, or the aloree centigrade;	coholic breath simulator the	ermometer shows
2.	Verify instrume	nt displays time	and date;		
3.	Initiate breath to	est sequence;			
4.	Enter information	on as prompted;			
5.	Verify instrume	nt accuracy;			•
6.	When "PLEASI	BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE	BLOW" appea	rs, collect breath sample;		
8.	Print test record				
9.	Verify Diagnost	c Program; and			
10.	Verify that the e simulator solution whichever occur	n is being chang	er is being changed before ed every four months or a	e expiration date, or the alco fter 125 Alcoholic Breath S	pholic breath Simulator tests,
Department	were performed on the	instrument indica	TOBER, 20 O ated above, in accordance instrument is functioning	the forgoing preventive with current regulations of properly.	ve maintenance the N.C.
COLE VIEW COLE V	ANOUN CAROLINA	Al.	Q. B.		<i>U</i>

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

Signature of Certifying Official

Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 10/16/2009

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:31pm 10:32pm 10:33pm 10:33pm 10:35pm 10:35pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 651 Test Date: 10/16/2009 Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:38pm
FLO	Pass	10:38pm
FC	Pass	10:38pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:38pm 10:38pm 10:38pm 10:38pm
BT	Pass	10:38pm

Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:39pm 10:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RAWDOLPH Instrument Location BAT MOBILE UNI
Instrument S	Gerial No. 008707 TRINITY, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the <u>34</u> day of <u>OCTOBEZ</u> , 20 <u>O</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Olin Rg Bans 648
	Signature of Certifying Official Certificate Number

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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Date: 10/24/2009

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:35pm 11:36pm 11:36pm 11:37pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008707 Test Record Number: 450 Test Date: 10/24/2009 Test Time: 11:42pm EDT

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

1000	Deacus	TIME
COMP	Pass	11:43pm
CAL	Pass	11:43 pm

Preventive Maintenance Status: Pass

Aňalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	KANDOLPH Instrument Location BAT MOBILE UNIT
Instrument	Serial No. 008616 TRINITY, NC
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or occedures we Department of	on the <u>34</u> day of <u>OCTOBER</u> , 20 <u>07</u> the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	alung G48

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616 Test Date: 10/24/2009

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

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

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

Test	g/210L	Time
DIAG	Pass	10:15pm
AIR BLK	.00	10:16pm
ACCY CHK	.08	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008616 Test Date: 10/24/2009

Test Record Number: 656
Test Time: 10:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

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	10:29pm

Preventive Maintenance Status: Pass

Pass

10:29pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location BAT MOBIL	
Instrument	ent Serial No. OOB647 RINITY, N) C
The prevent four months	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at le nths are:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcosimulator solution is being changed every four months or after 125 Alcoholic Breath Swhichever occurs first.	oholic breath Simulator tests,
	hat on theday ofOCTUBER, 20 OS the forgoing preventives were performed on the instrument indicated above, in accordance with current regulations of ent of Health and Human Services, and the instrument is functioning properly.	re maintenance the N.C.
THE CHARLES OF THE STATE OF THE		Number

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

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Date: 10/24/2009

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:17pm 10:18pm 10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 3 750

Serial Number: 008647 Test Record Number: 636 Test Date: 10/24/2009 Test Time: 10:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:28pm
SRC	Pass	10:28pm
DET	Pass	10:28pm
BAR	Pass	10:28pm
\mathtt{BT}	Pass	10:28pm

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

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

10:29pm

10:29pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Guilford Instrument Location Greens boro JAI
Instrume	ont Serial No. <u>008790</u>
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the 29 day of October, 20 09 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	STATE OF NORTH AND LAND 642
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 10/29/2009

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

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

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

Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
10/01/2009-10/01/2011

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

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

-		
AIR BLK .0 ACCY CHK .0 AIR BLK .0 SUB TEST .0 AIR BLK .0 SUB TEST .0	ass 00 08 00 00 00 00	12:24pm 12:24pm 12:25pm 12:26pm 12:26pm 12:27pm 12:29pm 12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Deor

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 1286
Test Date: 10/29/2009 Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:32pm 12:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Guilford Instrument Location Greensborro JAI
Instrument	t Serial No. <u>008794</u>
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the 29 day of CTOBE, 20 9 the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
CONTROL OF THE CAREAT OF THE C	ATE OF THE STATE O

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 10/29/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 833 Test Date: 10/29/2009 Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm 12:58pm
FLO	Pass	TZ:20þm
FC	Pass	12:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

Blank Tests

Test	Status	Time
AIR	Pass	12:59pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wilson	Instrument Location_	Bat mosile Lait #5	
Instrument	t Serial No. <u>00 & 78-8-</u>		(1,250.)	
The prevention four month		Intoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath simulator thermometer sho	ws
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed bef anged every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests	s,
l certify th procedures Departmen	at on the 29 day of swere performed on the instrument in the of Health and Human Services, and	October , 20 dicated above, in accordar I the instrument is function	the forgoing preventive maintenance with current regulations of the N.C. ing properly.	ce
TO SELECT	170	and STIO		

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788 Test Record Number: 282 Test Date: 10/29/2009 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50pm
FLO	Pass	9:50pm
FC	Pass	9:50pm

Temperature Tests

Status	Time
Pass	9:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	9:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:51pm 9:51pm

Preventive Maintenance Status: Pass

Analyst

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008788 Test Date: 10/29/2009

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

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

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

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

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

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

Test

 $\sigma/210I_{\odot}$

Time

lest	9/2101	TIME
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.08	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	W.LSON Instrument Location BAT MOBILE CO.T #5
Instrument	Serial No Wilson
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the 29 day of 070500, 2009 the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
GREAT SEA	ATE OF NOTICE AND

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698 Test Record Number: 411 Test Date: 10/29/2009 Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO	Pass	9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:52pm

9:52pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WILSON COUNTY BAT MOBILE UNIT 5 970

Serial Number: 008698 Test Date: 10/29/2009

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

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

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

Analyst's Name: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:42pm 9:43pm 9:44pm
AIR BLK	.00	9:45pm
SUB TEST	.00	9:45pm
AIR BLK	.00	9:46pm
SUB TEST	.00	9:48pm
AIR BLK	.00	9:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE Instrument Location BAT INOBILE CONTY
Instrumen	Gerial No. 008600 GOLDS ROZO
The prever	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures	on the <u>SO</u> day of <u>OCTUBEL</u> , 2009 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE GREAT STATES OF STATES	Steph 6.111- Paul 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.

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Record Number: 549 Test Date: 10/30/2009 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	11:43 <u>p</u> m

Blank Tests

Test	Status	Time
AIR	Pass	11:44pm

Printer Tests

Test

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

Status Time

Preventive Maintenance Status: Pass

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Date: 10/30/2009

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: MORGART, STEPHEN G
Permit Number: 09372E

rmit 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: AG920302 Exp Date: 07/22/2011

	Test	g/210L	Time
AIR BLK .00 11:34pr SUB TEST .00 11:35pr AIR BLK .00 11:36pr SUB TEST .00 11:37pr	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .08 .00 .00	11:32pm 11:33pm 11:33pm 11:34pm 11:35pm 11:36pm 11:37pm 11:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE	Instrument Location_	But Missis Cent
Instrument S	Serial No. <u>この子もり</u> よ		GLLBS BURD
The prevent four months		e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample	е;
7.	When "PLEASE BLOW" a	appears, collect breath sampl	е;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed bef changed every four months o	Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedures '	t on the	indicated above, in accordan	the forgoing preventive maintenance nee with current regulations of the N.C. ing properly.
STAL STALL S	TE O NO PLANTE OF THE OFFICE O	Signature of Certifying Offic	ial Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Record Number: 414
Test Date: 10/30/2009 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 SRC	Pass Pass	11:30pm 11:30pm
DET	Pass	11:30pm
BAR	Pass	11:30pm
BT	Pass	11:30pm

Blank Tests

Test	Status	Time
AIR	Pass	11:31pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Date: 10/30/2009

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: 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: AG920302 Exp Date: 07/22/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE Instrument Location But INCBILE LEWIT HIS
Instrumer	t Serial No. 608788 GOLDEROLD
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 30 day of 000 see 2009 the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
CREAT	Signature of Certifying Official Signature of Certifying Official

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788 Test Record Number: 286
Test Date: 10/30/2009 Test Time: 11:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008788 Test Date: 10/30/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:12pm 11:13pm 11:13pm 11:14pm 11:15pm 11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PAT	Instrument Location 1341 Inc.	3. Calmit #5
Instrument	Serial No. <u>LOS 78</u>	Guesio.	116
The prever four month		ures for the Intoximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol 34 degrees, plus of	gas canister displays pressure, or the alcoholic breath minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument	displays time and date;	
3.	Initiate breath test	sequence;	
4.	Enter information	as prompted;	
5.	Verify instrument	accuracy;	
6.	When "PLEASE I	BLOW" appears, collect breath sample;	
7.	When "PLEASE I	BLOW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic	Program; and	
10.	Verify that the eth simulator solution whichever occurs	anol gas canister is being changed before expiration of is being changed every four months or after 125 Alco first.	late, or the alcoholic breath bholic Breath Simulator tests,
I certify th procedures Departmen	at on the 3/da s were performed on the in that of Health and Human S	y of	going preventive maintenance tregulations of the N.C.
COREATOR STATES	ATE OF NO PROPERTY OF THE CARDINAL CARD	Steph 6: 1110 Au 8 Signature of Certifying Official	6 s' (
		Signature of Certifying Official	Certificate Number

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Record Number: 292 Test Date: 10/31/2009 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

FC1 Pass 10:12p
SRC Pass 10:12p
DET Pass 10:12p
BAR Pass 10:12p
BT Pass 10:12p

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

Printer Tests

Test	Status	Time
PR NT	Pass	10:13pm
	CRC Tests	
Test	Status	Time

COMP Pass 10:13pm CAL Pass 10:13pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Date: 10/31/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57pm 9:58pm
ACCY CHK	.08	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:02pm
ATR BLK	.00	10:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Port	Instru		HoBite Cont
Instrument	Serial No. <u>CO F</u> (· 98	Gneen	Ville
The preven		dures for the Intoximeter	rs, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethan- 34 degrees, plus	ol gas canister displays p or minus .2 degree centi	oressure, or the alcoholic br grade;	eath simulator thermometer shows
2.	Verify instrumer	nt displays time and date	;	
3.	Initiate breath te	st sequence;		
4.	Enter information	n as prompted;		
5.	Verify instrumen	nt accuracy;		
6.	When "PLEASE	BLOW" appears, colle	ect breath sample;	
7.	When "PLEASE	BLOW" appears, colle	ect breath sample;	
8.	Print test record			
9.	Verify Diagnost	ic Program; and		
10.	Verify that the e simulator solution whichever occur	on is being changed ever	ing changed before expirati y four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify the procedures Departmen	were performed on the	instrument indicated ab	v, 20 ch the ove, in accordance with cument is functioning properl	forgoing preventive maintenance rrent regulations of the N.C.
SI S	ATE OF LOCATION CARROLLING CARROL	Flend G.	Mo-fact Certifying Official	Certificate Number

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Record Number: 417
Test Date: 10/31/2009 Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test Stat	tus Time
FC1 Pass	
SRC Pass	-
DET Pass	10:14pm
BAR Pass	
BT Pass	: 10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Date: 10/31/2009

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 State: AA
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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:59pm 10:00pm 10:01pm 10:02pm 10:02pm 10:03pm
SUB TEST	.00	10:06pm
ATR RIK	.00	10:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT HILBIG Conit 5		
Instrument Serie	al No. <u>DOS 600</u> <u>Creens ille</u>		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of I	the 3/ day of 0 CT /3Cn , 20 09 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
OTHE STATE OF THE	Signature of Certifying Official Certificate Number		

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

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Record Number: 551 Test Date: 10/31/2009 Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:29pm 10:29pm
FC	Pass	10:25pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:30pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Date: 10/31/2009

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: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	10:21pm 10:22pm 10:22pm 10:23pm 10:24pm 10:25pm 10:26pm 10:27pm
WIK DIV	.00	10.2/Pill

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	20	hotzund	Instrument Location	BENSON,
Instrum	ent Serial	No. <u>00888</u> 5 _	Palice	EDept, Beuson,
	eventive months are:	aintenance procedures for the Into	ximeters, Model Intox EC	/IR II to be followed at least once every
1	•	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alco e centigrade;	holic breath simulator thermometer shows
2	2.	Verify instrument displays time ar	nd date;	
3	3.	Initiate breath test sequence;		
4	l .	Enter information as prompted;		
5	5.	Verify instrument accuracy;		
6	5 .	When "PLEASE BLOW" appears	s, collect breath sample;	
7	7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8	3.	Print test record;		
g	€.	Verify Diagnostic Program; and		
10		Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed before d every four months or af	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
procedi	y that on thures were prent of He	performed on the instrument indicate alth and Human Services, and the	ited above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. properly.
COREAT GREAT CASA	ASTATE OF ANY 20, 1772 APRIL 12, 177 SE QUAM VORA SE QU	Signate	are of Certifying Official	Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 10/20/2009

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:07pm 2:08pm 2:08pm
AIR BLK	.00	2:09pm
SUB TEST AIR BLK	.00 .00	2:09pm 2:10pm
SUB TEST	.00	2:12pm
ATD BIK	0.0	2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885 Test Record Number: 123 Test Date: 10/20/2009 Test Time: 2:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:16pm 2:16pm
FC	Pass	2:16pm

Temperature Tests

Status	Time
Pass	2:16pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:17pm 2:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County SC	otland Instrument Location Scotland
Instrument Seria	INO. 008861 County SheriFF'S DEPT
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

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

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861 Test Date: 10/19/2009

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: SIMMONS, PAUL T Permit Number: 08619E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.08	2:35 pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm

Reported AC: .00 4/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND COUNTY SHERIFFS DEPT. 820

Serial Number: 008861 Test Record Number: 195
Test Date: 10/19/2009 Test Time: 2:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IŘ	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
DET	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

Blank Tests

Test	Status	Time
ATR	Pass	2:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:46pm

2:46pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

.7	INTUAINETERS, MUDEL INTUAECIR II
County	UMBERIAND Instrument Location + OPT 15RAGG,
Instrument S	erial No. 908903 PMO-
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of correction on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 10/20/2009

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: SIMMONS, PAUL T Permit Number: 08619E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:44pm 12:45pm 12:45pm 12:46pm 12:47pm 12:48pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

.00 g/210L Reparted AC:

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 232 Test Date: 10/20/2009 Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:52pm 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	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:53pm

12:53pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II SRAGG, Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance day of 🍊 🕅 I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 10/20/2009

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	12:35pm 12:36pm 12:36pm 12:37pm 12:38pm 12:39pm 12:41pm 12:42pm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908

Test Record Number: 522 Test Time: 12:45pm EDT

Test Date: 10/20/2009

System Check: Passed

Baseline Tests

Time
12:45pm 12:45pm 12:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm

CRC Tests

Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1).	Instrument Location North Wilkes boils
Instrument Seria	al No. <u>OO 8862</u>
The preventive 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.
•	the <u>20</u> day of <u>0.77.6.7</u>
STATE OF STA	Signature of Certifying Official Certificate Number

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Date: 10/20/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR.

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

Department of Health and Human Services Rev. 12/2007

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Record Number: 123
Test Date: 10/20/2009 Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:32pm

Pass

Preventive Maintenance Status: Pass

CAL

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\overline{\mathbb{S}}$	Instrument Location States 3 Jan		
Instrument S	erial No. <u>008596</u>		
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures v Department	on the		
LALS HE GREAT SECTION OF THE STATE OF THE ST	Signature of Certifying Official Certificate Number		

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 10/21/2009

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	11:47am 11:48am 11:49am 11:50am 11:50am 11:51am 11:53am 11:54am

Reported AG: ...00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 373
Test Date: 10/21/2009 Test Time: 11:54am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Stokes	Instrument Location_	King	PD
Instrume	ent Serial No. <u>OO 86 70</u>	1.7.4		
The prev	ventive maintenance procedures for the Innths are:	ntoximeters, Model Intox I	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		Icoholic breath s	imulator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample	•	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed befonged every four months or	re expiration da after 125 Alcoh	te, or the alcoholic breath colic Breath Simulator tests,
procedur	that on the day of res were performed on the instrument ind ent of Health and Human Services, and t	icated above, in accordance	ce with current r	ing preventive maintenance egulations of the N.C.
HE GREAT SATE	STATE ON OR THE CAR OF	ature of Certifying Officia	al	Certificate Number
	Sign	ature of Certifying Officia	3.1	Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 10/21/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:36pm 12:37pm
ACCY CHK	.08	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

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Reported AC: 00 g/21/0L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 629 Test Date: 10/21/2009 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Kocker & Joil	
Instrumen	Serial No. <u>00 89 44</u>	
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer saddlegrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breasimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.	ith ests,
l certify the procedure Departme	t on the	ance
ONE THE GREAT SE	Signature of Certifying Official Certificate Number	-

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 10/22/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC:, .00 g/210L

Agnadure of Chemical Analyst

Court CVR

Jane 1

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 359 Test Date: 10/22/2009 Test Time: 10:16am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:17am

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:18am 10:18am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Yad	Instrument Location 1/4/(Noille P. D.
Instrument Seria	Il No. <u>OC 8975</u>
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 22 day of 0, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 10/22/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

--

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:33am 10:34am 10:35am 10:36am 10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
ATR BLK	. 0.0	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 145
Test Date: 10/22/2009 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

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

Status

PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time

Time

10:42am

10:42am

Preventive Maintenance Status: Pass

Pass

Pass

Jan a Ulan

Test

COMP

CAL

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

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FOR	6944 Instru	nent Location <u>Kenneyson</u>	<u>4 D.D.</u>
Instrument Seria	INO. <u>008650</u>		
The preventive four months are	naintenance procedures for the Intoximeter	s, Model Intox EC/IR II to be followed	lowed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centig		mulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect	t breath sample;	
7.	When "PLEASE BLOW" appears, collect	t breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	g changed before expiration date four months or after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
I certify that on procedures were Department of I	he <u>P8</u> day of <u>Orthork</u> performed on the instrument indicated aborealth and Human Services, and the instrum	, 20 <u>69</u> the forgoing ve, in accordance with current re ent is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	AROUND STATE OF THE PARTY OF TH	Annual Control	Certificate Number
	Signature of C	ertifying Official	Certificate Number

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 10/28/2009

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: WEAVER, GEORGE A

Permit Number: 09442E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:10am
AIR BLK	.00	11:11am
ACCY CHK	.07	11:12am
AIR BLK	.00	11:13am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:16am
ATR BLK	. 00	11:17am

Reported AC: ,00 /g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 448
Test Date: 10/28/2009 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am

CRC Tests

Test	Status	Time
COMP	Pass	11:19am
CAL	Pass	11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 10/28/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG916701 Exp Date: 06/11/2011

Test	g/210L	Time
DIAG	Pass	1:39pm
AIR BLK	.00	1:40pm
ACCY CHK	.08	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 1767
Test Date: 10/28/2009 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:48pm

Printer Tests

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

1:48pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County For	sylh	Instrument Location For	s. The Co	Betertin
Instrument Ser	al No. <u>008660</u>			
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox EC/IR	. II to be followed at le	east once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lic breath simulator th	ermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before exp ged every four months or after	piration date, or the al- 125 Alcoholic Breath	coholic breath Simulator tests,
I certify that on procedures wer Department of	the <u>98</u> day of <u>00</u> e performed on the instrument indi Health and Human Services, and th	cated above, in accordance wit ie instrument is functioning pro	the forgoing prevent h current regulations operly.	tive maintenance of the N.C.
CONTROL MAND OF THE PARTY OF TH	CAROLINA SAR	W	6	32
	Signa	ture of Certifying Official		ate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 10/28/2009

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: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:30pm 1:31pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Analyst

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 916
Test Date: 10/28/2009 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:39pm

Temperature Tests

Test Status Time	
FC1 Pass 1:40	
SRC Pass 1:40	ρm
DET Pass 1:40	οm
BAR Pass 1:40	om
BT Pass 1:40	om

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:40pm

Pass

1:40pm

Preventive Maintenance Status: Pass

CAL

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

Änalyst

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Trusyth	Instrument Location Foliage	the Co Patration
Instrumen	nt Serial No. <u>COS/59</u>	· Com	Eps.
The preve	entive maintenance procedures for the In	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic bugree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ster is being changed before expirati ged every four months or after 125	
procedure	that on the <u>28</u> day of <u>06</u> es were performed on the instrument indient of Health and Human Services, and the	cated above, in accordance with cur	rent regulations of the N.C.
CO SELLA COREATOR	- Jan Ca	1 ()	632
	Signa	ture of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 10/28/2009

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:23pm 1:24pm 1:25pm 1:26pm 1:26pm
AIR BLK SUB TEST AIR BLK	.00	1:27pm 1:30pm 1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 896 Test Date: 10/28/2009 Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:32pm 1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Tect	Status	Time

Test	Status	Time
COMP	Pass	1:33pm
CAL	Pass	1:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surry	Instrument Location	ElkiN	PD
Instrumen	nt Serial No. <u>00 8976</u>			
The preve	entive maintenance procedures for the ths are:	e Intoximeters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		lcoholic breath sir	nulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	opears, collect breath sample	;;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample	;;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed befor hanged every four months of	ore expiration date r after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify the procedure Departme	hat on the day of	ndicated above, in accordand the instrument is functioning	the forgoing with current reging properly.	ng preventive maintenance gulations of the N.C.
A CAREAT SEA	S C C C C C C C C C C C C C C C C C C C	construe of Carliforn Offici	ol .	G3 2

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 10/29/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:34am 10:35am 10:36am
AIR BLK	.00	10:37am
SUB TEST AIR BLK	.00 .00	10:37am 10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Record Number: 273
Test Date: 10/29/2009 Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
\mathtt{BT}	Pass	10:42am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:43am 10:43am

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wantoll Instrument Location Belliation Police Deps.
Instrument	Serial No. DO 8978 Bellvaren, N.C.
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on theday of
MAD SESTING CREATER OF SESTING	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 10/29/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fined leed
Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 84 Test Date: 10/29/2009 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Status

Test

Time

PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:16pm 1:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hyde Instrument Location Hyde Co. S.D., OLANDICA
Instrument	Instrument Location Hydle Co. S.D., DCAACOLE, N.C. Serial No. 008797 NC 12, DCAACOLE, N.C.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	at on the 27th day of 00000000000000000000000000000000000
ERO SISTEMATION OF THE COREATOR OF THE CORE THE COR	face A /Clest 44/
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/27/2009

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:33pm 1:34pm 1:35pm 1:36pm 1:36pm 1:37pm
SUB TEST	.00	1:39pm
ATR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Maintenance procedure

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 172
Test Date: 10/27/2009 Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:42pm
FLO	Pass	1:42pm
FC	Pass	1:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:42pm
SRC	Pass	1:42pm
DET	Pass	1:42pm
BAR	Pass	1:42pm
BT	Pass	1:42pm

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Jines / Luge Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARC	Instrument Lo	ocation DARE	CA. G.D.	. Harrenas
Instrument	Serial No. 10447	60346	No HW	412, Fa	seo, N.L.
The preven	ative maintenance procedures for the I	ntoximeters, Mode	el Intox EC/IR II	to be followed a	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		, or the alcoholic l	breath simulator	thermometer shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath	ı sample;		
7.	When "PLEASE BLOW" app	ears, collect breath	ı sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.				
procedures	were performed on the instrument indit of Health and Human Services, and t	licated above, in a	ccordance with co	urrent regulation	entive maintenance as of the N.C.
ALL CREATER OF THE CR	Sign	lature of Certifying	g Official	Certi	ficate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 10/27/2009

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: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:23am
ACCY CHK	.07	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:28am
ATR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 211 Test Date: 10/27/2009 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	The most Instrument Location Edge Combe Co. Manibirates of fin
Instrument Seria	al No. 008463 300 S. ANACONDA RD., TARBOTO, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of 00000000000000000000000000000000000
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 10/22/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA

Permit Number: 11646E

Effective:

09/01/2009-09/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Toat

lest	9/2101	TIME
DIAG	Pass	4:13pm
AIR BLK	.00	4:14pm
ACCY CHK	.08	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm

a/210I Time

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 1064 Test Date: 10/22/2009 Test Time: 4:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
BT	Pass	4:20pm

Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

Printer Tests

Test

Status Time

PRNT	Pass	4:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:21pm 4:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VASQ	USTANK Instrument Location V NOVALLE O. MAIN SAFWY
Instrument Seria	Instrument Location V KAVOTANK CO. Public Safery INO. 008941 200 E. Colonial AVE.) Elizabeth (Fly, N
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	he day of 000 be 2004 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF MC	Signature of Cartificing Official Cartification Cartificat
	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 10/19/2009

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: AG910601 Exp Date: 04/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Record Number: 247
Test Date: 10/19/2009 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:20pm
CAL	Pass	1:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County DL	Instrument Location VASAVO TANK Co. Public Sakes
Instrument Seria	INO. DOGGSO ZODE. Colonial AVE., Elizabeth City, 1
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of DCS BLA , 20 D9 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TOTAL STATE OF OCH STATE OCH STA	Signature of Certifying Official Certificate Númber

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 10/19/2009

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: AG910601 Exp Date: 04/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Record Number: 307 Test Date: 10/19/2009 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:19pm
FLO	Pass	1:19pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time	
ATR	Pass	1:20pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:21pm

1:21pm

Preventive Maintenance Status: Pass

Pass

CAL

Linna 1. Keese___

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H	Instrument Location MURFREES BOID Police Dept
Instrument Seria	11No. 004906 115 E. BILAD ST., MURRINGEROLD, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of day of depth d
THE STATE OF NO.	Selection of the select
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 10/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:06pm 3:07pm
ACCY CHK	.07	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Find S. Cess
Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Test Record Number: 168 Serial Number: 008906 Test Date: 10/16/2009 Test Time: 3:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:14pm 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

3:15pm

Test	Status	Time
PRNT	Pass	3:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:15pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	1 Instrument Location GATIOS Co. 5.0.
Instrument Se	rial No. DO8484 202 Court St., Corresville, N.C.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
CREATE OF THE STATE OF THE STAT	CAROLINA I

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

Signature of Certifying Official

Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 10/16/2009

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG807702 Exp Date: 03/17/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:14pm 2:15pm 2:15pm 2:16pm 2:17pm 2:17pm 2:19pm
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intel Kesse

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 184
Test Date: 10/16/2009 Test Time: 2:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:23pm
CAL	Pass	2:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location MASKIE POLICE VER.
Instrument Seri	al No. DO 8848 TOS W. Main St., Moskie, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the Like day of DC D to Lower the forgoing preventive maintenance the performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
SECULA VIDEA	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 10/14/2009

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

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

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:14am 11:15am 11:15am 11:16am 11:17am 11:17am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Finich Keer

Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 298
Test Date: 10/14/2009 Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	age combé Instrument Location & describe Co. Magistiales
Instrument Se	rial No. 008663 300 6. Adalanda Ro., TARboto, N.C.
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE S	CARLO CONTROL

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 10/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:45am 11:46am 11:46am 11:47am 11:48am 11:49am
SUB TEST	.00	11:51am
ATR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 1055
Test Date: 10/16/2009 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:00pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Edge combe Instrument Location Edge com de Co. Maris moras affic
Instrumen	nt Serial No. 004603 3015. ANACONDA RD., TARGOTO, N.C.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	nat on the day of O
THE GREAT SE	ATE ON THE CONTROL OF

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 10/16/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:46am 11:47am 11:48am 11:49am
AIR BLK SUB TEST	.00	11:50am 11:52am
AIR BLK	.00	11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 833 Test Date: 10/16/2009 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO FC	Pass Pass	12:01pm 12:01pm
T. C.	Lass	

Temperature Tests

Status	Time
Pass	12:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

12:02pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G12	rene	. Goenal	s. S.O.
Instrument Seri	ial No. <u>DO 8670</u>	301 N. Greene St. Si	nowthill, NC
The preventive four months are		toximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath si gree centigrade;	mulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	,
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and	1	
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
procedures we	re performed on the instrument ind	icated above, in accordance with current rhe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE OF THE STATE OF THE PROPERTY OF THE PROP	NORTH CAROLINA Sign	hature of Certifying Official	Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 10/23/2009

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: GUARD, KELLY G

Permit Number: 12955E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:06am 11:07am 11:08am 11:09am 11:09am 11:10am
AIR BLK	.00	11:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 841 Test Date: 10/23/2009 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (U	instrument Location Current Co. 5.0-Corol
Instrument Ser	ial No. 008949 1123 Orean Trail, Corolla, N.C.
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of day of 0, 20 7 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREATE ON THE STATE OF THE STAT	700 Marie 11 (643)
	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Date: 10/22/2009

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:42am 11:43am 11:43am 11:45am 11:46am 11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949 Test Record Number: 103 Test Date: 10/22/2009 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Lenc	Instrument Location Kinskin P.D.
Instrument Seria	INO. DO8624 205 E. King St., Kinshun, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of
OF CHANGE OF THE STATE OF THE S	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 10/20/2009

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: 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: AG916602 Exp Date: 06/15/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	2:27pm 2:28pm
ACCY CHK	.08	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 576
Test Date: 10/20/2009 Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:35pm 2:35pm
FC	Pass	2:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:36pm CAL Pass 2:36pm

Preventive Maintenance Status: Pass

A⁄nalyst |

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Les	Instrument Location Lenov. (o. S.O.
Instrument Seri	al No. 008639 130 Queen St., Kinston, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of october, 2009 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE YEAR IS, O'THE STATE OF THE YEAR IS, O'THE STATE OF THE YEAR IS, O'THE STATE OF THE YEAR OLD WINDOW.	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 10/20/2009

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: 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

7 4 77 11 --- 7 701 6 600

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

Toat

a/210T.

Time

lest	9/2101	TIME
DIAG	Pass	1:53pm
AIR BLK	.00	1:54pm
ACCY CHK	.07	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 838 Test Date: 10/20/2009 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

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	2:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:02pm 2:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pit	Instrument Location Pill (o. Detention Cente.
Instrument Serial	No. 008918 124 Putention Dr. Groenville, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of House STATE on No.	he 19th day of 10000, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
CREAT IN THE PARTY OF THE PARTY	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008918 Test Date: 10/19/2009

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: 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: AG825401 Exp Date: 09/10/2010

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

Reported AC: .00 g/210L

Signature of Chemical Malyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008918 Test Date: 10/19/2009 Test Time: 2:28pm EDT

Test Record Number: 92

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:29pm

Preventive Maintenance Status: Pass

Pass

2:29pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	urbam Instrument Location BAT Mobile Unit 4
Instrument S	erial No. <u>©08871</u>
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 30 day of October, 20 of the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871 Test Record Number: 200 Test Date: 10/30/2009 Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:23pm 9:23pm
FC	Pass	9:24pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:24pm 9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

Blank Tests

Test	Status	Time
AIR	Pass	9:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:25pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871 Test Date: 10/30/2009

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

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

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

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

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

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	9:15pm 9:16pm
AIR BLK ACCY CHK	.00 .07	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Mound These 0 50 Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	H Instrument Location BAT Mobile Unit 4
Instrument Seri	ial No. <u>008717</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 3/50 day of Octobe , 2000 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717 Test Record Number: 199
Test Date: 10/31/2009 Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
BT	Pass	9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:58pm 9:58pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717 Test Date: 10/31/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:50pm 9:51pm 9:51pm 9:52pm 9:52pm 9:53pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ?!	Instrument Location BAT Mobile Unit 4
Instrument Ser	ial No. <u>008734</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 31st day of October, 2009 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Record Number: 308 Test Date: 10/31/2009 Test Time: 8:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

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	8:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:54pm 8:54pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Date: 10/31/2009

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

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Permit Number: 21335E Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	8:45pm 8:46pm 8:47pm 8:48pm
SUB TEST	.00	8:48pm
AIR BLK SUB TEST	.00	8:49pm 8:51pm
ATR BLK	.00	8:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instrument Location BAT Mobile Unit 4
Instrument Se	rial No. <u>@08871</u>
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>SISE</u> day of <u>Octoo</u> , 20 <u>OQ</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871 Test Record Number: 205
Test Date: 10/31/2009 Test Time: 8:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:51pm
FLO	Pass	8:51pm
FC	Pass	8:51pm

Temperature Tests

Status	Time
Pass Pass	8:51pm 8:51pm
Pass	8:51pm
Pass	8:51pm
Pass	8:51pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:52pm

Preventive Maintenance Status: Pass

Pass

CAL

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PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871 Test Date: 10/31/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.07	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:49pm
AIR BLK	.00	mc02:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LANEN Instrument Location BLANC	N County
Instrument Seria	11 No. 86/3 Shen 146	Dept
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folloo:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	, or the alcoholic breath lic Breath Simulator tests,
procedures wer	the <u>29</u> day of <u>OCHODE</u> , 20 <u>09</u> the forgoing performed on the instrument indicated above, in accordance with current regulated and Human Services, and the instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number

BLADEN COUNTY BLADEN CO SD 080

Serial Number: 008613 Test Date: 10/29/2009

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

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

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

Analyst's Name: 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: AG910601 Exp Date: 04/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anályst

BLADEN COUNTY BLADEN CO SD 080

Serial Number: 008613 Test Record Number: 521
Test Date: 10/29/2009 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	12:20pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test

PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time

Status

Time

Test	Deacus	11110
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

Scatas. 1

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ne	rial No. 8901 Instrument Location NEW Harrover Country
Instrument Ser	rial No Shunds Dept
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	n the
THE STATE OF THE S	Jakony Kweic 634

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008901 Test Date: 10/15/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:54pm
AIR BLK	.00	3:55pm
ACCY CHK	.07	3:56pm
AIR BLK	.00	3:57pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm
SUB TEST	.00	4:00pm
AIR BLK	.00	4:01pm

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008901 Test Record Number: 132 Test Date: 10/15/2009 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

Status

Time

4:03pm

Test

CAL

PRNT	Pass	4:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:03pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Due	Instrument Location During Co. TAIL
Instrument Seria	INO. OD 8859 217 S. MANGUM ST DURMMI, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 13 day of
THE STATE OF A PART 12 THE 12 THE A PART 12	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/13/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:26pm 12:27pm 12:27pm
AIR BLK SUB TEST	.00 .00	12:28pm 12:29pm
AIR BLK	.00	12:29pm 12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 369
Test Date: 10/13/2009 Test Time: 12:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:36pm 12:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURMAN	Instrument Location	De HAM	Co. JAIL
Instrument	Serial No. <u> </u>	217 5. MANGUE	a st. D	our han, pc
The prevent	_	for the Intoximeters, Model Intox EC/	IR II to be follo	wed at least once every
1.		canister displays pressure, or the alcol nus .2 degree centigrade;	nolic breath simi	ulator thermometer show
2.	Verify instrument displ	lays time and date;		
3.	Initiate breath test sequ	ience;		
4.	Enter information as pr	ompted;		
5.	Verify instrument accu	racy;		
6.	When "PLEASE BLOV	W" appears, collect breath sample;		
7.	When "PLEASE BLOV	W" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Prog	ram; and		
10.		gas canister is being changed before e eing changed every four months or afte		
procedures	were performed on the instrur	ment indicated above, in accordance ves, and the instrument is functioning p	with current regu	preventive maintenance plations of the N.C.
ALICO SESTINATION OF	JE OF NOOTH CAROLINA	Signature of Certifying Official		650 Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/13/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:45pm 12:46pm 12:46pm 12:47pm 12:48pm 12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 560 Test Date: 10/13/2009 Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:5 4 pm
FC	Pass	12:54pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JURTURY	_ Instrument Lo	cation DURHA	my Co. JAIL
Instrument S	Serial No. <u>00 8891</u>	217 5.	MANKUM S	T. Durtom, N
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Mode	i Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		or the alcoholic breat	h simulator thermometer sho
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath	sample;	
7.	When "PLEASE BLOW" app	ears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	ıd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being chang Inged every four m	ged before expiration onths or after 125 Ald	date, or the alcoholic breath coholic Breath Simulator test
I certify that procedures v Department	on the \frac{3}{2} day of \frac{2}{2} day of	dicated above, in a the instrument is fi	, 20 the for eccordance with curren unctioning properly.	rgoing preventive maintenand at regulations of the N.C.
STATE CHEAT IS A CONTROL OF THE CONT	NX	nature of Certifying	g Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/13/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:50pm
AIR BLK	.00	12:51pm
ACCY CHK	.07	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 421 Test Date: 10/13/2009 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	1 • 0 1 mm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County SV	ANVILLE Instrument Location OXFORD PD
Instrument Seri	al No. 008933 204 E M'CLAHAHAN 55 DKFORD, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of octobel, 20 of the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF THE OFFICE OF THE OFFI	Signature of Certificial Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/16/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:21am 10:22am 10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:27am

Reported AC: .00 g/210h

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 109
Test Date: 10/16/2009 Test Time: 10:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am 10:29am
SRC DET	Pass Pass	10:29am
BAR	Pass	10:29am
\mathtt{BT}	Pass	10:29am

Blank Tests

Test	Status	Time
AIR	Pass	10:29am

Printer Tests

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

1000	Joacas	
COMP	Pass Pass	10:30am 10:30am
CAL	Pass	IU:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA	MANCE Instrument Location BURLINGTON PA
Instrument Seria	INO. 608907 267 W. FRENT & BURLINGTON, M.
The preventive if four months are	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE GLAM WINDS	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/19/2009

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 247 Test Date: 10/19/2009 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A2	AMANG Instrument Location RUPLINGEN P.D.
Instrument Seri	ial No. 008812 267 W. FRONT ST BURLINGTON, NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of october, 2009 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/19/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:41am 10:42am 10:43am 10:44am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 426

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	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	10:51am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Seria	al No. 008700 401 OWER ST. WAKEFOREST, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, coilect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the Oday of 2007, 2007 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CREATE OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/20/2009

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:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:58pm 12:59pm
ACCY CHK	.08	1:00pm 1:01pm
SUB TEST	.00	1:01pm
AIR BLK SUB TEST	.00 .00	1:02pm 1:03pm
AIR BLK	.00	1:03pm

Reported AC:

.00 g/210J

Signature of Chemical Analyst

Court CVR

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WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 304
Test Date: 10/20/2009 Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1:06pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

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

Pass

1:07pm

Preventive Maintenance Status: Pass

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Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	; RSON_	Instrument Location_	PEKSON		
Instrument Se	erial No. <u>008693</u>	120 CORT	ST.	20x Bor	0, <u>H</u>
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be	followed at le	east once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath	simulator th	ermometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath sample	e;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; a	nd			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed bef anged every four months o	ore expiration of ar after 125 Alco	late, or the al oholic Breath	coholic breath Simulator tests,
I certify that procedures w Department c	on the day of vere performed on the instrument in of Health and Human Services, and	ndicated above, in accordant the instrument is function	the forgoing with current ing properly.	going preven t regulations	tive maintenance of the N.C.
THE BUT STATE	NO.	\ Quartur		6:	52
	Sig	gnature of Certifying Offic	ial		cate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 10/21/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:15am 11:16am 11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
ATR BLK	.00	11:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 439
Test Date: 10/21/2009 Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:24am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PERSON	Instrument Location	PERS	Son Co. L	<u>ec</u>
Instrument	Serial No. <u>608880</u>	130 Car	ST	POVBORO	, <u>P.C.</u>
The preven	tive maintenance procedures for the s are:	e Intoximeters, Model Intox	EC/IR II to	be followed at lo	east once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		ılcoholic br	eath simulator th	ermometer shows
2.	Verify instrument displays t	ime and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, collect breath sample) ;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample) ;		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before hanged every four months on	ore expirati r after 125	on date, or the al Alcoholic Breath	coholic breath Simulator tests,
procedures	at on the day of	indicated above, in accordan	ice with cur	rrent regulations	tive maintenance of the N.C.
CONTROL OF STATE OF S	Musk	ignature of Certifying Offici	د ial	65 Certific	cate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 10/21/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 186
Test Date: 10/21/2009 Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

Test St.	atus Time
IR Par FLO Par FC Par	ss 11:24am

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pagg	11.25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:25am

Pass

11:25am

Preventive Maintenance Status: Pass

CAL

Apalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	AY-E Instrument Location CCBI
Instrument Ser	ial No. 008686 330 S. SAUSZURY ST RALEIGH N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the <u>January of Colors</u> , 20 <u>January of the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.</u>
ONE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 10/22/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58am 11:59am
ACCY CHK	.08	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:02pm
AIR BLK	.00	12:03pm
SUB TEST	.00	12:04pm
ATR BLK	. 00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 1530 Test Date: 10/22/2009 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	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:09pm

Pass

12:09pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WARE	Instrumen	t Location_	CCBI			
Instrumen	t Serial No. <u>60 8816</u>	<u>320 °</u>	S · SAL	-ISBUM	Sr.	RALEIGH	<u> </u>
The preve	ntive maintenance procedures for the l	Intoximeters, N	fodel Intox	EC/IR II to be	followed	at least once eve	ry
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.			alcoholic breat	th simulate	or thermometer s	hows
2.	Verify instrument displays tim	ie and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted	l ;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" app	ears, collect br	eath sample	; ;			
7.	When "PLEASE BLOW" app	ears, collect br	reath sample	; ;			
8.	Print test record;						
9.	Verify Diagnostic Program; ar	ıd					
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being c unged every fou	hanged befo ir months of	ore expiration r after 125 Al	date, or the	ne alcoholic brea reath Simulator to	th ests,
procedure	nat on the <u>32</u> day of <u>0</u> s were performed on the instrument in nt of Health and Human Services, and	dicated above,	in accordan	ce with curre	rgoing pre nt regulati	eventive maintenations of the N.C.	ance
S S S S S S S S S S S S S S S S S S S	1/2	nature of Certi	fying Offici			65 ∂ rtificate Number	

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 10/22/2009

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:02pm 12:03pm 12:03pm 12:04pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 2060 Test Date: 10/22/2009 Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to	
four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to	
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to	hows
 Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te 	
 Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 	
 Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 	
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 	
 When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 	
 Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic bream simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to the simulator solution. 	
 Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to 	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to	
whichever occurs first.	h ests,
I certify that on the <u>day of OCTOBEL</u> , 20 <u>day of OCTOBEL</u> , 20 <u>day of OCTOBEL</u> , 20 <u>day of the forgoing preventive maintenance of the N.C. Department of Health and Human Services, and the instrument is functioning properly.</u>	ince
Signaturé of Certifying Official Certificate Number	

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 10/22/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:26pm 12:27pm 12:28pm 12:29pm 12:30pm 12:30pm
SUB TEST	.00	12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Test Record Number: 2028 Serial Number: 008826 Test Date: 10/22/2009

Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

NIC

County_	WAKE	Instrument Location_	$C \subset \mathbb{G}$	7	175-2176-x
Instrumer	nt Serial No. <u>006615</u>	<u>330 S. S.</u>	<u>458084</u>	51	PALEIGH,
The preve	entive maintenance procedures for the ths are:	Intoximeters, Model Intox	EC/IR II to be	followed a	at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic breath	simulato	thermometer shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sample	,		
7.	When "PLEASE BLOW" app	pears, collect breath sample			
8.	Print test record;				
9.	Verify Diagnostic Program; and	nd			
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.				
procedure	nat on the day of os s were performed on the instrument in nt of Health and Human Services, and	dicated above, in accordance	ce with current	oing prev regulation	entive maintenance ns of the N.C.
GO SISTANT OF THE SIS		hature of Certifying Officia	<u>)</u>		Salantina Salant

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 10/22/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

g/210L Test Time DIAG Pass 12:32pm AIR BLK .00 12:33pm ACCY CHK .08 12:33pm AIR BLK .00 12:34pm SUB TEST .00 12:35pm AIR BLK .00 12:36pm SUB TEST .00 12:37pm AIR BLK .00 12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 1366
Test Date: 10/22/2009 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

FC1 Pass 12:42pm SRC Pass 12:42pm DET Pass 12:42pm BAR Pass 12:42pm BT Pass 12:42pm	Test	Status	Time
DET Pass 12:42pm BAR Pass 12:42pm	FC1	Pass	12:42pm
BAR Pass 12:42pm	SRC	Pass	12:42pm
	DET	Pass	12:42pm
BT 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 CAL	Pass Pass	12:43pm 12:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wale	Instrument Location 13AT McBice L.T.
Instrument S	Serial No. <u>608600</u>	CARRY
The preventi		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2.	Verify instrument displays tim	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	3 ;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; an	nd
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	t on the 23 3 day of 0c were performed on the instrument in of Health and Human Services, and	dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
THE STATE OF THE S	S CAROLINA CONTRACTOR OF THE C	26.711 on 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 546
Test Date: 10/23/2009 Test Time: 11:23pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:24pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/23/2009

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: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:14pm 11:15pm 11:15pm 11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location_	BAT MORIL	E LWIT #5
Instrument 5	Serial No. <u>008698</u>		CAref	
The prevent four months	ive maintenance procedures for the Ir are:	ntoximeters, Model Intox	EC/IR II to be followed a	it least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator	thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sampl	le;	
7.	When "PLEASE BLOW" appe	ears, collect breath sampl	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ister is being changed beinged every four months o	fore expiration date, or the or after 125 Alcoholic Brea	alcoholic breath ath Simulator tests,
procedures v	on the 23 day of 0cwere performed on the instrument ind of Health and Human Services, and t	licated above, in accorda	nce with current regulation	entive maintenance as of the N.C.
WIND SEPTIME GREAT	Stent	nature of Certifying Office		ificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 409
Test Date: 10/23/2009 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:20pm

Printer Tests

Test

CAL

Status

Time

11:20pm

PRNT	Pass	11:20pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:20pm

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 10/23/2009

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: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00 .00	11:10pm 11:11pm 11:12pm 11:12pm 11:13pm 11:14pm 11:16pm 11:17pm
AIR BLK		/ Pui

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	v,sibe t	Instrument Location_	BAT MORIE IN. T #5
Instrument S	Serial No. <u>CO 87</u> 88		Carry
The prevent		Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the a egree centigrade;	lcoholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	
7.	When "PLEASE BLOW" app	pears, collect breath sample). 2
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed befor anged every four months or	ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the 23 day of Owere performed on the instrument in of Health and Human Services, and	dicated above, in accordant the instrument is functioni	the forgoing preventive maintenance with current regulations of the N.C. ing properly.
CALL STATE OF THE CALL OF THE	San Carlo	l 6.77107	al Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 279
Test Date: 10/23/2009 Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:16pm 11:16pm
FC	Pass	11:17pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17pm

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/23/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:06pm 11:07pm 11:07pm 11:08pm 11:09pm
AIR BLK	.00	11:10pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County .	DHNSTON Instrument Location JOHNSTON Co. JAIL
Instrument Se	rial No. 008810 SMITHFIELD NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE 20 1777	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 10/15/2009

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

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

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG920301 Exp Date: 07/11/2011

Test	g/210L	Time
DIAG	Pass	1:51pm
AIR BLK	.00	1:52pm
ACCY CHK	.07	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:56pm
ATR BLK	.00	1:5700m

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR.

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Test Record Number: 491 Serial Number: 008810 Test Date: 10/15/2009 Test Time: 2:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:04pm
FLO	Pass	2:04pm
FC	Pass	2:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:04pm
SRC	Pass	2:04pm
DET	Pass	2:04pm
BAR	Pass	2:04pm
BT	Pass	2:04pm

Blank Tests

Test	Status	Time
ATR	Pagg	2 · 05pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:05pm 2:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston	Instrument Location <u>C.</u>	MIDN BLICE DEPT.
Instrument S	Serial No. <u>008658</u>	CLAYTON	MC BLICE DEPT.
The preventi	=	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.		lic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1 ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department	on the day of cere performed on the instrument incomplete of Health and Human Services, and	708FQ , 20 09 dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance th current regulations of the N.C. operly.
THE STATE OF THE S	AROUND THE CAROLING THE CAROLIN	nature of Certifying Official	37/ Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 10/15/2009

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

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

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

Analyst's Name: RUSSELL, LARRY H Permit Number: 06108E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:19pm 12:19pm 12:20pm 12:21pm 12:22pm 12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC, .00 g/210L

Signature

Court CVR

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

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JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 367

Test Date: 10/15/2009

Test Time: 12:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	12 · 28pm

Printer Tests

Status

Time

12:28pm

Test

CAL

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

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston Instrument Location Johnston Co. JAK
Instrument	Serial No. 008846 SMITHPELD, NC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
THE GREAT PARTY OF THE PARTY OF	CAROLL CA

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 10/15/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/11/2011

Test	g/210L	Time
DIAG	Pass	1:47pm
AIR BLK	.00	1:48pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services Rev. 12/2007

JOHNSTON COUNTY JOHNSTON CO. JAIL 500
Serial Number: 008846 Test Record Number: 849
Test Date: 10/15/2009 Test Time: 1:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTGOMERY Instrument Location MONTGOMERY Co. JAK
Instrument	Serial No. 008721 TROY NC
The prever four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
THE OREAL STATES	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/16/2009

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: AG916701 Exp Date: 06/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

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MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Record Number: 268
Test Date: 10/16/2009 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Time

Printer Tests

Test

Status

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTSOMERY Instrument Location MONTGOMERY CO. JAIL
Instrument S	Serial No. 008709 TROY NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 16 day of 0crose2, 2009 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ASE GRAM N	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/16/2009

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: AG916701 Exp Date: 06/16/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Test Record Number: 370 Serial Number: 008709 Test Time: 12:55pm EDT Test Date: 10/16/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:55pm
FLO	Pass	12:55pm
FC	Pass	12:55pm

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

Status

Test

CAL

PRNT	Pass	12:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:56pm

Time

12:56pm

Preventive Maintenance Status: Pass

Pass

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

Rev. 12/2007

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Instrument Location Southern Tures	
Instrument So	erial No. <u>008720</u> F3/126 Sept.	
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	
procedures w	on the	
THE STATE OF THE S		

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 10/13/2009

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: SIMMONS, PAUL T Permit Number: 08619E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:34pm 3:35pm 3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm

.00 q/210L Reported AC:

Signature of Chemical Analyst

Court CVR

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 315 Test Date: 10/13/2009 Test Time: 3:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:42pm
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

Test	Status	Time
COMP	Pass	3:42pm
CAL	Pass	3:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXICALINION

County	MOORE Instrument Location INE AUTST
Instrumen	t Serial No. 0087/0 Police DEPT,
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	that on the 13 day of October, 2009 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. into f Health and Human Services, and the instrument is functioning properly.
SO SE	

MOORE PINEHURST PD. 620

Serial Number: 008710 Test Date: 10/13/2009

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

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:43pm 2:44pm
ACCY CHK	.08	2:45pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 346
Test Date: 10/13/2009 Test Time: 2:52pm EDT

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location ONSLOW COUNTY		
Instrumen	t Serial No. 008931 SHERIFF'S OFFICE		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify the procedure Departme	that on the		
CREAT STATES	TATE OF TO STATE O		
	Signature of Certifying Official Certificate Number		

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 10/05/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:45am 11:46am 11:46am 11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: 1.00 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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 895
Test Date: 10/05/2009 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
DET	Pass	11:53am
BAR	Pass	11:53am
\mathtt{BT}	Pass	11:53am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Test

CAL

Status Time

11:54am

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

Preventive Maintenance Status: Pass

Pass

≰nalvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ONS	show	Instrument Location ONShow	: County
Instrument Seria	il No. <u>008932.</u>	Instrument Location ONShow	-
The preventive four months are		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration d ged every four months or after 125 Alco	
procedures were	performed on the instrument indic	the forgoated above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF A	CAROLLI CAROLLI CAR	4 E-4 II	354
	Signa	ture of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 10/05/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:51am
ACCY CHK	.08	11:52am
AIR BLK	.00	11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
ATR BLK	. 00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

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

Karly E-Hall

ONSLOW COUNTY ONSLOW COUNTY SD 660

Test Record Number: 362 Serial Number: 008932 Test Time: 11:57am EDT Test Date: 10/05/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:57am 11:57am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time

Tesc	Scacus	111116
COMP CAL	Pass Pass	11:59am 11:59am

Preventive Maintenance Status: Pass

Kong E-Halp

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Rteret Instrument Location More Head City P.D.
Instrument Se	erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures we	on the
STATE OF THE STATE	Rang EHall 354
	Signature of Certifying Official Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 10/07/2009

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: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Kang E-Hall

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 533
Test Date: 10/07/2009 Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CART	Instrument Location CARTERET County
Instrument Seria	INO. 008605 SHERIFF'S OFFICE
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
THE STATE OF NO.	Range Hold 354 Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 10/07/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:44pm 12:44pm 12:45pm 12:46pm 12:47pm 12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 1322 Test Date: 10/07/2009 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:51pm
FLO	Pass	12:51pm
FC	Pass	12:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_CAR+	exet Instrument Location Athantic Beach A.D.
Instrument Seria	No. 008785
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	he
OT WESTATE OF NO.	Signature of Certifying Official Signature of Certifying Official Signature of Certifying Official

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 10/09/2009

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:12am 11:12am 11:13am 11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:17am
AIR BLK	.00	11:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 273
Test Date: 10/09/2009 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:19am 11:19am 11:19am 11:19am 11:19am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAR	terct	Instrument Location Emer	ald Like P.O.
Instrument Seria	ll No. <u>008620</u>		
The preventive four months are	naintenance procedures for the Intox	imeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		breath simulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	, collect breath sample;	
7.	When "PLEASE BLOW" appears.	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.		
procedures were	he day of day of for the instrument indicate ealth and Human Services, and the in	ed above, in accordance with c	urrent regulations of the N.C.
STATE OF NATURE		EHOLO e of Certifying Official	Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 10/09/2009

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:02pm 12:03pm 12:03pm
AIR BLK	.00	12:04pm 12:05pm
SUB TEST AIR BLK	.00	12:06pm
SUB TEST AIR BLK	.00 .00	12:07pm 12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analys

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 840 Test Date: 10/09/2009 Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass Pass	12:09pm 12:09pm
Pass	12:09pm
Pass Pass	12:09pm 12:09pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CRA	VEN Instrument Location CRA	ven County
Instrument Seria	INO. 008732 SHERIFFS OFF	ice
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholi 34 degrees, plus or minus .2 degree centigrade;	ic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after I whichever occurs first.	
procedures were	he	current regulations of the N.C.
THE P. TO SEE OUR VIDE ALL SEE OUR VIDE	Signature of Certifying Official	354 Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 10/15/2009

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 466 Test Date: 10/15/2009 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:11pm 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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location New BERN P.D.		
Instrumen	nt Serial No O C 88/7		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify the procedure Departme	nat on the		
SO S	Signature of Certifying Official Certificate Number		

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 10/15/2009

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:38pm 12:39pm 12:40pm 12:41pm 12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

/0107 57 .

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 196 Test Time: 12:45pm EDT Test Date: 10/15/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:46pm 12:46pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jones	Instrument Location しらん e	25 County
Instrument	Serial No. <u>008765</u>	SHERIFF'S DFFICE	
The preven		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125	
procedures	were performed on the instrument ir	1 the instrument is functioning properly	rrent regulations of the N.C.
STORY OF STO		ny E Hall gnature of Certifying Official	354 Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 10/19/2009

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: HALL, RANDY E

Permit Number: 03462E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:51am 10:52am 10:53am 10:54am
SUB TEST	.00	10:54am
AIR BLK SUB TEST	.00 . 00	10:55am 10:56am
AIR BLK	.00	10:57am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Kary E Hall
Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 493
Test Date: 10/19/2009 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:58am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:59ar

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Panilico	Instrument Location Panil.	co County	
Instrumen	nt Serial No. <u>00 86 40</u>	SHERIFF'S OFFICE		
The preve		e Intoximeters, Model Intox EC/IR II to	be followed at least once every	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer shows	
2.	Verify instrument displays to	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,	
procedure	s were performed on the instrument:	indicated above, in accordance with cur d the instrument is functioning properly	rent regulations of the N.C.	
THE CREAT SET	TATE OF NOBLES CAROLINA			
SOF OF	LAM VIDERA *	S EHDD	354	
	Si	ignature of Certifying Official	Certificate Number	

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 10/19/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:01pm 12:01pm 12:02pm 12:03pm
SUB TEST	.00	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 653 Test Date: 10/19/2009 Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:08pm

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	12:08pm

Printer Tests

Test

PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No	900 <u> </u>
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermome 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first.	e every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. 1 certify that on the	eter shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the 20 day of 02 to ber , 20 9 the forgoing preventive map procedures were performed on the instrument indicated above, in accordance with current regulations of the N	
 When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simula whichever occurs first. I certify that on the	
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first. I certify that on the	
procedures were performed on the instrument indicated above, in accordance with current regulations of the N	
	intenance I.C.
Signature of Certifying Official Starts of Certificate Num	mber

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 10/20/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 342
Test Date: 10/20/2009 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
\mathtt{BT}	Pass	12:05pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location M CAS	New River FINCE
Instrumen	t Serial No. <u>00 8922</u>		
The preve		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic be degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125	
procedures	s were performed on the instrument	Jetobek , 20 09 the indicated above, in accordance with curd the instrument is functioning properly	rrent regulations of the N.C.
THE GREAT OF STATE OF	ATE OF NORTH	Elignature of Certifying Official	Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 10/20/2009

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: HALL, RANDY E Permit Number: 03462E Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	1:44pm 1:44pm 1:45pm 1:46pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 130 Test Date: 10/20/2009 Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	1:50pm
Pass	1:50pm
Pass	1:50pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	
Test	Status	Time

	· · ·	
COMP	Pass	1:51pm
CAL	Pass	1:51pm

Preventive Maintenance Status: Pass

/Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CRA	VEN Instrument Location MCAS CHERRY POINT PAIC
Instrument Seria	1 No. 010819
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	heday of
THE STATE OF NO.	Signature of Certifying Official Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 10/21/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:01am 11:01am 11:02am 11:03am
AIR BLK SUB TEST	.00	11:04am
AIR BLK	.00	11:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Kany E-Holl

Rev. 12/2007

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 79 Test Date: 10/21/2009 Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

iest	Status	TIME
AIR	Pass	11:08am

Status

Time

11:09am

Printer Tests

Test

CAL

PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:09am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CRA	UCN Instrument Location HAUE.	LOCK A.D.
Instrument Seria	INo. <u>0088/9</u>	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	
I certify that on t procedures were Department of H	ne <u>J</u> day of <u>October</u> , 20 09 th performed on the instrument indicated above, in accordance with crealth and Human Services, and the instrument is functioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
STATE OF NO. 27 THE STATE	Signature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008819 Test Date: 10/21/2009

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: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Kang EHall

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008819 Test Record Number: 104
Test Date: 10/21/2009 Test Time: 12:04pm 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 CAL	Pass Pass	12:06pm 12:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HaliFax Instrument Location Satthosile Litter
Instrument	HaliFax Instrument Location Satthusile Lui, T
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on theday of
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008788 Test Record Number: 275 Test Date: 10/17/2009 Test Time: 9:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:25pm 9:25pm
FC	Pass	9:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	9·26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:27pm

Preventive Maintenance Status: Pass

Analyst

HALIFAX COUNTY BAT MOBILE UNIT 5 410

Serial Number: 008788 Test Date: 10/17/2009

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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:14pm 9:15pm 9:16pm 9:17pm 9:18pm 9:19pm 9:22pm
AIR BLK	.00	9:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cov	Instrument Location Carriden (o. S.O.
Instrument Se	rial No. 008940 113 Huy 343, Camden, NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
CREATE STATE OF THE STATE OF TH	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 10/15/2009

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

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:21pm 12:22pm 12:23pm 12:24pm 12:24pm 12:25pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210k

Signature of Chemical Analyst

Court CVR

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Record Number: 161

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:30pm 12:30pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (u)	Instrument Location Currituck 6.5.0.
Instrument Seria	al No. 008947 407-A Maple Pd., Maple, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 15 Hay of October 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 10/15/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:44am 11:45am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:50am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Test Record Number: 365 Serial Number: 008947 Test Date: 10/15/2009 Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR IL,

County P	H Instrument Location Ayden Police Dept.
Instrument Se	rial No. 008666 4144 Wast Ave., Agden, NC 2851.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 13th day of October, 20 67 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE ON STATE OF THE CARE AND STATE OF THE	

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 10/13/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:50pm 2:51pm
ACCY CHK	.08	2:52pm
AIR BLK	.00	2:53pm
SUB TEST AIR BLK	.00 .00	2:53pm 2:54pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 345
Test Date: 10/13/2009 Test Time: 2:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:58pm
FLO	Pass	2:58pm
FC	Pass	2:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:59pm

2:59pm

Preventive Maintenance Status: Pass

Pass

CAL

Xnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871 Test Record Number: 196
Test Date: 10/17/2009 Test Time: 8:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:18pm
FLO	Pass	8:18pm
FC	Pass	8:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time
AIR	Pass	8:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:19pm 8:19pm

Preventive Maintenance Status: Pass

Analyst

MOORE COUNTY BAT MOBILE UNIT 4 620

Serial Number: 008871 Test Date: 10/17/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:09pm 8:10pm
ACCY CHK	.07	8:11pm
AIR BLK	.00	8:11pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:14pm
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MOORE	Instrument Location /	BRINS POLICE DOPT
Instrument Seria	1 No <i>008728</i>	- Poblins	NC
The preventive r four months are:		ntoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		olic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before en nged every four months or afte	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
I certify that on a procedures were Department of H	theday of performed on the instrument inc lealth and Human Services, and	20 <u>09</u> Strated above, in accordance when the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF A OF WAN 20, 1775 APRIL 12, 178 APR	ON CAROUNA SION	nature of Certifying Official	Certificate Number

MOORE ROBBINS PD 620

Serial Number: 008728 Test Date: 10/14/2009

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: RUSSELL, LARRY H Permit Number: 06108E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	2:15pm
AIR BLK	.00	2:16pm
ACCY CHK	.08	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

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

Analyst

MOORE ROBBINS PD 620

Serial Number: 008728 Test Record Number: 124 Test Date: 10/14/2009 Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:23pm
FLO	Pass	2:23pm
FC	Pass	2:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:24pm
SRC	Pass	2:24pm
DET	Pass	2:24pm
BAR	Pass	2:24pm
BT	Pass	2:24pm

Blank Tests

Test	Status	Time
ATR	Pass	2 · 24 mm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:25pm

2:25pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE Instrument Location MOORE Co. JAIC
Instrument	t Serial No. <u>608735</u> <u>CARTHAGE</u> , NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
.1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify the procedure Departme	hat on the
GREAT SEL	STATE of No. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 10/13/2009

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: 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 AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:46pm 12:46pm 12:47pm 12:48pm
SUB TEST	.00	12:48pm
AIR BLK SUB TEST	.00 .00	12:49pm 12:51pm
AIR BLK	.00	12:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Record Number: 474
Test Date: 10/13/2009 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:53pm
FLO	Pass	12:53pm
FC	Pass	12:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location May to (6. S.O.
Instrument Seri	ial No. (208912 305 EMain St, Williamston, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of , 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE ON THE STATE OF THE S	7600 ML (643
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 10/12/2009

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:58am 10:59am 11:00am 11:01am 11:01am
SUB TEST	.00	11:04am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 224
Test Date: 10/12/2009 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test

CAL

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

Status

Time

11:07am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Martin Instrument Location Markin	<u>6 3.0.</u>
Instrumen	nt Serial No. 008879 305 E. Main St., W.	Hamsho, NC.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	that on the	rgoing preventive maintenance nt regulations of the N.C.
CALL CINE AT SEA	TATE OF TO THE OFFICIAL SIGNATURE OF Certifying Official	(64/3) Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 10/12/2009

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 136
Test Date: 10/12/2009 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:50am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	<u> </u>	Instrument Location	Jul Harrison Pa
Instrumen	nt Serial No. <u>2733</u>		
The preve	- '	s for the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	, ,	s canister displays pressure, or the alcohinus .2 degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument dis	plays time and date;	
3.	Initiate breath test seq	quence;	
4.	Enter information as p	prompted;	
5.	Verify instrument acc	euracy;	
6.	When "PLEASE BLO	OW" appears, collect breath sample;	
7.	When "PLEASE BLO	OW" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Pro	gram; and	
10.	Verify that the ethano simulator solution is be whichever occurs first		xpiration date, or the alcoholic breath at 125 Alcoholic Breath Simulator tests,
procedure	s were performed on the instru	ument indicated above, in accordance wices, and the instrument is functioning p	the forgoing preventive maintenance ith current regulations of the N.C. roperly.
COREATOR OF THE COREATOR OF THE COREATOR OF THE COREATOR OF THE CORE OF THE CO	TATE OF NORTH CAROLINA LAM WISH AM WISH AM	All fin	<u> </u>
	- John Jack	Signature of Certifying Official	Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 10/02/2009

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

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

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

Analyst's Name: 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: AG904902 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG	Pass	4:30pm
AIR BLK	.00	4:31pm
ACCY CHK	.08	4:32pm
AIR BLK	.00	4:32pm
SUB TEST	.00	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:36pm

Reported AC: g/2/10L

Court CVR

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Record Number: 166 Test Date: 10/02/2009 Test Time: 4:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:45pm
FLO	Pass	4:45pm
FC	Pass	4:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:46pm

Preventive Maintenance Status: Pass

Pass

CAL

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

4:46pm

Department of Health and Human Services

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rockingham	Instrument Location_	MAdison	<u> </u>
Instrumen	nt Serial No. <u>008867</u>			
The preve	entive maintenance procedures for the In	ntoximeters, Model Intox	EC/IR II to be followed	l at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and	đ		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before nged every four months o	ore expiration date, or t τ after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
I certify the procedure Department	nat on the day of cs were performed on the instrument indint of Health and Human Services, and t	To / Fr2 , 20 dicated above, in accordant the instrument is function	29 the forgoing prace with current regulating properly.	eventive maintenance ions of the N.C.
SO HE CREAT SO HE	TATE ON NO PLANT OF THE STATE O	nature of Certifying Office	ial Co	Contribution of the second of

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 10/09/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:24am 11:25am 11:26am 11:27am
AIR BLK	.00	11:28am
SUB TEST AIR BLK	.00	11:30am 11:31am

Reported AC; ..00/ g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 224
Test Date: 10/09/2009 Test Time: 11:32am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surary Instrument Location Surary C Jay
Instrument Se	erial No. <u>008934</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of
STATE AND STATE OF THE STATE OF	None Caracteristics and the Caracteristics an
	Signature of Certifying Official Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 10/02/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG904902 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	6:11pm 6:12pm 6:13pm 6:14pm 6:14pm 6:15pm
SUB TEST	.00	6:17pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 400 Test Date: 10/02/2009 Test Time: 6:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	6:19pm 6:19pm
FC	Pass	6:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:19pm
SRC	Pass	6:19pm
DET	Pass	6:19pm
BAR	Pass	6:19pm
BT	Pass	6:19pm

Blank Tests

Test	Status	Time
AIR	Pass	6:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:20pm 6:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u></u>	Instrument Location Mount Aire P.	<u> </u>
	rial No. <u>008943</u>	
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evere:	егу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic brea simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator twhichever occurs first.	th ests,
l certify that on procedures wer Department of	n the	ance
CREATE OF THE STATE OF THE STAT		
	Signature of Certifying Official Certificate Number	,

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 10/02/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:14pm 5:15pm 5:16pm 5:16pm 5:17pm 5:19pm
SUB TEST	.00	5:19pm
AIR BLK	.00	5:20pm

Reported AC, 00/g/210L

gnature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 475 Test Date: 10/02/2009 Test Time: 5:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:22pm
FLO	Pass	5:22pm
FC	Pass	5:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:22pm
SRC	Pass	5:22pm
DET	Pass	5:22pm
BAR	Pass	5:22pm
BT	Pass	5:22pm
SRC DET BAR	Pass Pass Pass	5:22p 5:22p 5:22p

Blank Tests

Test	Status	Time
AIR	Pass	5:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:23pm
	CRC Tests	
Test	Status	Time

rest	Status	TTIIIE
COMP	Pass	5:23pm
CAL	Pass	5:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	ASH Instrument Location NASH (3. JAIL
Instrument Serial	No. 008630 NASHULLE, NL
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the Department of He	ne
CARLAND STATE OF NO.	Signature of Certifying Official Certificate Number

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 10/07/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:54pm 12:55pm
ACCY CHK	.08	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 1235
Test Date: 10/07/2009 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:02pm 1:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	water	Instrument Location_	SHP	BAT Canit
Instrument	t Serial No. <u>COS²⁹ / O</u>			
The prever		or the Intoximeters, Model Intox 1	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the a s .2 degree centigrade;	lcoholic breath s	imulator thermometer show
2.	Verify instrument displa	ys time and date;		
3.	Initiate breath test seque	nce;		
4.	Enter information as pro	mpted;		
5.	Verify instrument accura	acy;		
6.	When "PLEASE BLOW	" appears, collect breath sample	;	
7.	When "PLEASE BLOW	" appears, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Progra	am; and		
10.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being changed before ng changed every four months or	ore expiration dat after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
	-72			
procedures	were performed on the instrum	ent indicated above, in accordants, and the instrument is functioni	ce with current r	ing preventive maintenance egulations of the N.C.
THE GREAT SECTION OF S	ATE OF NO PARTY CAROLINA MAYORE THE MAYORE T	1. 6: TIT-A	A	637
		Signature of Certifying Offici	al	Certificate Number

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910 Test Record Number: 83 Test Date: 10/07/2009 Test Time: 2:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:05pm
FLO FC	Pass Pass	2:05pm 2:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

Blank Tests

Test	Status	Time
AIR	Pass	2:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:06pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:06pm

Preventive Maintenance Status: Pass

Pass

2:06pm

CAL

Analyst

SHP BAT MOBILE UNIT WAKE COUNTY 910

Serial Number: 008910 Test Date: 10/07/2009

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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	Serial No. <u>008647</u>		GREENSBORD, NC
The preventi	-	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		clcoholic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	÷	
6.	When "PLEASE BLOW" appe	ars, collect breath sample	,
7.	When "PLEASE BLOW" appe	ars, collect breath sample	, ,
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	on the <u>O</u> day of <u>O</u> ere performed on the instrument indiction of Health and Human Services, and the	cated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
ONT STATE OF THE S	S CAROLLA CARO		

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/02/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	11:30pm 11:31pm 11:31pm 11:32pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 626 Test Date: 10/02/2009 Test Time: 11:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	•	Status	Time
FC1	.,	Pass	11:37pm
SRC	-	Pass	11:37pm
DET		Pass	11:37pm
BAR		Pass	11:37pm
BT		Pass	11:37pm

Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008707</u>		GREENSBORD, NC
The prevent four months		ntoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		•
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	ı	
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before ged every four months or a	e expiration date, or the alcoholic breath fler 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department o	on the <u>O</u> day of <u>O</u> covere performed on the instrument indef Health and Human Services, and the	TOBER , 200 icated above, in accordance in instrument is functioning	1 the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE CULTURE OF THE CONTROL OF THE CO	CAROLINA	R. B.	~ (°48

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/02/2009

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 441 Test Date: 10/02/2009 Test Time: 11:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42pm
FLO	Pass	11:42pm
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	11:43pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(GUILFORD	Instrument Location_	BAT MOBILE UNIT 3 GREENSBORD, NC
Instrument S	erial No. <u>008616</u>		GREENSBORD, NC
The prevention four months	<u>-</u>	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		clcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;	**	
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;	·	
6.	When "PLEASE BLOW" app	ears, collect breath sample	,
7.	When "PLEASE BLOW" app	ears, collect breath sample	· •
8.	Print test record;		
9.	Verify Diagnostic Program; and	d į	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures we	on the day of ere performed on the instrument ind f Health and Human Services, and t	icated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
THE STATE OF THE PART OF THE P	CAROLLA .	Ra Ben	s 648

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

Signature of Certifying Official

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/02/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 646
Test Date: 10/02/2009 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:17pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:17pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WARE	Instrument Location	SHP	1347	ben T
Instrument Se	erial No. <u>CO 8929</u>		<u></u>		
The preventive four months a	ve maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be	followed at 1	least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	llcoholic breat	h simulator th	nermometer shows
2.	Verify instrument displays ti	ime and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompt	red;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" a	ppears, collect breath sample) ;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample);		
8.	Print test record;				
9.	Verify Diagnostic Program;	and			
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed befor hanged every four months or	ore expiration rafter 125 Ald	date, or the a coholic Breatl	lcoholic breath h Simulator tests,
l certify that of procedures w Department of	on the day of ere performed on the instrument of Health and Human Services, an	, 20 indicated above, in accordan id the instrument is functioni	the force with currently.	rgoing preven	ative maintenance of the N.C.
See Grant And See See See See See See See See See Se	ے شہر	EL 6 11/1	a.X		
	S	ignature of Certifying Office	ál	Certifi	cate Number

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Record Number: 183
Test Date: 10/07/2009 Test Time: 2:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

Temperature Tests

Status	Time
Pass	2:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:40pm 2:40pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Date: 10/07/2009

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: AG904903 Exp Date: 02/18/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:45pm 1:46pm 1:46pm
AIR BLK SUB TEST	.00 .00	1:47pm 1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

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m.;

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Lev. T
Instrument	nt Serial No. COS 600 MORRIS VILLE	
The preven	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least ths are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohosimulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.	olic breath nulator tests,
nrocedures	that on theday of	maintenance e N.C.
THE CREAT OF THE C		Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 541 Test Date: 10/02/2009 Test Time: 9:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	9:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:15pm 9:15pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/02/2009

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

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

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

Analyst's Name: 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: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:04pm 9:05pm 9:06pm 9:06pm 9:07pm 9:08pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	_ Instrument Location_	BAT ME	suille
Instrument	: Serial No. <u>608788</u>		Moani	suille
The preven	ntive maintenance procedures for the last are:	Intoximeters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the a legree centigrade;	alcoholic breath sir	nulator thermometer shows
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	ə;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed bef anged every four months o	ore expiration date r after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
procedures	at on theday ofc s were performed on the instrument in nt of Health and Human Services, and	idicated above, in accordar	nce with current re	ng preventive maintenance gulations of the N.C.
THE GREAT SET OF THE GR	12	enature of Certifying Office	Jan J	<u>636</u> Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 271 Test Date: 10/02/2009 Test Time: 9:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:12pm

Printer Tests

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

9:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/02/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:02pm 9:03pm 9:03pm 9:04pm
AIR BLK SUB TEST	.00 .00	9:04pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VAN	CE Instrument Location VANCE Co. SHERIFF'S DEPT
Instrument Seria	INO. 008937 156 CHURCH ST. HENDERSON, NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he <u>OS</u> day of <u>OCTOBER</u> , 20 <u>O9</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	37 Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 10/05/2009

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: SMITH, BRIAN D Permit Number: 08937E Effective:

10/01/2009-10/01/2011

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

1000 1700 2200

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:22am 9:23am
ACCY CHK	.08	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:25am
AIR BLK	.00	9:26am
SUB TEST	.00	9:27am
AIR BLK	.00	9:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 480 Test Date: 10/05/2009 Test Time: 9:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:29am
FLO	Pass	9:29am
FC	Pass	9:29am

Temperature Tests

Status	Time
Pass	9:29am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:30am

Printer Tests

Test	Status	Time
PRNT	Pass	9:30am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:30am

Pass 9:30am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	VANCE	-	Co. SHERIFF'S DEAT
Instrume	nt Serial No. <u>CO8870</u>	156 CHURCH ST.	HENDERSON, NC.
	entive maintenance procedures for the		New York
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic begree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		·
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expira anged every four months or after 125	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
I certify t procedure Departme	that on the day of es were performed on the instrument in ent of Health and Human Services, and	CTOBER , 20 09 th dicated above, in accordance with continuous the instrument is functioning proper	e forgoing preventive maintenance urrent regulations of the N.C.
HE GREAT TO SEE	STATE OF NO. 1775 NO.	anature of Certifying Official	637 Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 10/05/2009

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: SMITH, BRIAN D
Permit Number: 08937E
Effective:
10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:23am 9:24am 9:24am 9:25am 9:26am
AIR BLK SUB TEST AIR BLK	.00 .00	9:27am 9:28am 9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Stand Analys

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 150 Test Date: 10/05/2009 Test Time: 9:31am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:31am

Temperature Tests

Status	Time
Pass	9:31am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:32am

Printer Tests

Test	Status	Time
PRNT	Pass	9:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:32am

9:32am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	21162 Instrument Location BAT Mobile UnitC
Instrument Se	erial No. <u>COEB 98</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Record Number: 329 Test Date: 10/02/2009 Test Time: 11:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:42pm
	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

Status

Time

Test

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

Preventive Maintenance Status: Pass

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

Rev. 12/2007

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008898 Test Date: 10/02/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:31pm 11:32pm 11:32pm 11:33pm 11:34pm 11:34pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

00 g/210L Reported AC:

Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Mobile Unite
Instrument S	Serial No. 00869
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATE OF STA	K.C. Mode 60/
SSE QUAM	Signature of Certifying Official Certificate Number

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Record Number: 202 Test Date: 10/03/2009 Test Time: 12:22am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:22am
FLO	Pass	12:22am
FC	Pass	12:22am

Temperature Tests

Test Status :	Γime
FC1 Pass 1	12:23am
SRC Pass	12:23am
DET Pass	12:23am
BAR Pass	12:23am
BT Pass	12:23am

Blank Tests

Test	Status	Time
ΔTR	Dagg	12.23am

Printer Tests

Test	Status	Time
PRNT	Pass	12:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:23am

Preventive Maintenance Status: Pass

Pass

12:23am

CAL

Analyst

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 10/03/2009

Citation Number: M0000000-0

Subject's Name:

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:15am 12:16am 12:16am 12:17am 12:18am 12:19am 12:20am
WIK DUV	.00	IZ.ZIAIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

11. Jell

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	Instrument Location SAT Mobile Unitle
Instrument Seria	1/1/1 0/10
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on opprocedures were Department of H	theday of
TOTAL STATE OF A	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Record Number: 302 Test Date: 10/03/2009 Test Time: 12:36pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass Pass Pass	12:36pm 12:36pm 12:36pm
Pass	12:

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:37pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 10/03/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	12:27pm 12:28pm 12:29pm 12:29pm 12:30pm 12:31pm 12:32pm
AIR BLK	.00	12:33pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	+LANGLIN In	strument Location_	Fernaumi	on Police Dept
Instrumen	nt Serial No. OOSS 15	7 w. MA	-Son 57,	Franklinen, 1
The preve four mont	entive maintenance procedures for the Intoxin ths are:	eters, Model Intox	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of		alcoholic breath sir	nulator thermometer shows
2.	Verify instrument displays time and	late;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, o	ollect breath sampl	le;	
7.	When "PLEASE BLOW" appears, o	ollect breath sampl	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed bet very four months o	fore expiration date or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify the procedure Department	hat on the day of	above, in accorda trument is function	the forgoing the forgoing with current repairing properly.	ng preventive maintenance gulations of the N.C.
OF STATE OF	- UX-t	Oemize		652
	Signature	of Certifying Offic	cial	Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/02/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:40am 11:41am
ACCY CHK	.08	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 261 Test Date: 10/02/2009 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:49am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:50am 11:50am

Preventive Maintenance Status: Pass

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FRANKLIN	Instrument Location FRANK	the Co. JAIL
Instrumen	t Serial No. <u>00 8933</u>	285 T KEMP PD	LOUISBURG, NK
The prever		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	unister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedure	s were performed on the instrument i	ndicated above, in accordance with cur d the instrument is functioning properly	rent regulations of the N.C.
S HS A S A S A S A S A S A S A S A S A S		gnature of Certifying Official	65a Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 10/02/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

.00 g/210LReported AC:

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 280 Test Date: 10/02/2009 Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

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

11:17am

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	PRALKLIN	Instru	ment	Location_	TR. A	KLIN	Co.	JAIL
Instrument S	Serial No. <u> </u>	982	<u>T</u>	Kenj	RD	Lau	STURG.	, NC
The prevent four months	ive maintenance procedures for the are:	ne Intoximete	rs, Mo	odel Intox I	EC/IR II	to be fo	ollowed at	least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus				lcoholic	breath s	simulator t	hermometer shows
2.	Verify instrument displays	time and date	;					
3.	Initiate breath test sequence	; ;						
4.	Enter information as promp	oted;						
5.	Verify instrument accuracy	,						
6.	When "PLEASE BLOW"	appears, colle	ct bre	ath sample	;			
7.	When "PLEASE BLOW"	appears, colle	ct bre	ath sample	;			
8.	Print test record;							
9.	Verify Diagnostic Program	; and						
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is be changed ever	ng ch y four	anged befor months or	ore expir after 12	ration da 25 Alcol	ite, or the a nolic Breat	alcoholic breath h Simulator tests,
procedures	t on the day of were performed on the instrumen of Health and Human Services, a	t indicated ab	ove, i	n accordan	ce with	current	oing preve regulations	ntive maintenance s of the N.C.
THE CHESTA	CAROL	J C	Qui Sarif	AVZU	al		65 Certif	icate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 10/02/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:57am 10:58am 10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 176
Test Date: 10/02/2009 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
\mathtt{BT}	Pass	11:06am

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test

Status

Time

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

Preventive Maintenance Status: Pass

M J Quice Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JAKS	Instrument Location T	bool C HEADQUARTES
Instrument S	erial No. <u>00 8621</u>	BUE PADLE RD	RALFIGH, H
The preventi		Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		lic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before ex nanged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
l certify that procedures v Department	on the\ day of vere performed on the instrument i of Health and Human Services, and	ndicated above, in accordance wi	the forgoing preventive maintenance th current regulations of the N.C. operly.
THE STATE OF THE S		gnature of Certifying Official	Certificate Number

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008621 Test Date: 10/01/2009

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008621 Test Record Number: 535 Test Date: 10/01/2009 Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:10pm 1:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location TL	∞P C	HEADON	HETERS
Instrument	Serial No. <u>008851</u>	BIUE PUXIS	PA	RALSIGH	, NC
The preven	itive maintenance procedures for the s are:	Intoximeters, Model Intox EC/IF	R II to be	followed at least	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 e	er displays pressure, or the alcohodegree centigrade;	lic breath	simulator therm	ometer shows
2.	Verify instrument displays tin	me and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompte	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath sample;			
7.	When "PLEASE BLOW" ap	pears, collect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; a	and			
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before ex nanged every four months or after	piration of 125 Alco	late, or the alcohoholic Breath Sir	olic breath nulator tests,
I certify the procedures Departmen	were performed on the instrument in the day of the instrument in the first of Health and Human Services, and	ndicated above, in accordance will the instrument is functioning pr	th current	going preventive t regulations of th	maintenance ne N.C.
AND SEE CHEAT SEE STATES OF SEC STATES OF SE	WX.	gnature of Certifying Official		(SQ)	Number

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008851 Test Date: 10/01/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920301 Exp Date: 07/22/2011

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

DIAG	Pass	12:54pm
AIR BLK	.00	12:55pm
ACCY CHK	.08	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
ATR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anallyst

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008851 Test Record Number: 269
Test Date: 10/01/2009 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	1:03pm

Printer Tests

Status

Test

CAL

Time

1:03pm

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location	n Tra	<u>0PC</u>	HEADOL AP	न्साऽ
Instrumen	nt Serial No. OOSS98	Bue	PAIX S	Lò,	2222164	K
The preve	entive maintenance procedures for the Int	oximeters, Model Int	ox EC/IR I	II to be fo	ollowed at least on	ce every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or three centigrade;	ne alcoholi	c breath s	simulator thermon	neter shows
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	ars, collect breath sam	ıple;			
7.	When "PLEASE BLOW" appear	ars, collect breath sam	ıple;			
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed b ged every four month	oefore expi s or after 1	ration da 25 Alcol	te, or the alcoholic rolic Breath Simul	breath ator tests,
I certify the procedure Departme	hat on the day of	oBea , 2 cated above, in accord e instrument is functi	dance with	current i	oing preventive ma regulations of the l	iintenance N.C.
S S S S S S S S S S S S S S S S S S S	100	Luck of Certifying Of	ficial)	65> Certificate Nu	ımber

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008598 Test Date: 10/01/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG920301 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:32:15 12:32:54 12:33:29 12:34:27
SUB TEST	.00	12:35:11
AIR BLK	.00	12:36:07
SUB TEST	.00	12:37:44
AIR BLK	.00	12:38:38

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY TROOP C HEADQUARTERS 910

Serial Number: 008598 Test Record Number: 276 Test Date: 10/01/2009 Test Time: 12:39:56

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:40:17 12:40:17
FC	Pass	12:40:23

Temperature Tests

Test	Status	Time
FC1	Pass	12:40:30
SRC	Pass	12:40:30
DET	Pass	12:40:30
BAR	Pass	12:40:30
BT	Pass	12:40:30

Blank Tests

Test	Status	Time
AIR	Pass	12:41:12

Printer Tests

Test	Status	Time
PRNT	Pass	12:41:16
	CRC Tests	
Test	Status	Time
COMP	Pass	12:41:24

Preventive Maintenance Status: Pass

Pass

12:41:24

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 13/	Instrument Location Buncombe Co. Jail
Instrument Seria	al No. 008631 Asheville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 28 day of October, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'THE STATE O'N TO THE STATE O'N THE STATE O'N TO THE STATE O'N THE STATE O'N TO THE STATE	
A CONTRACTOR OF THE PARTY OF TH	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Date: 10/28/2009

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:13am 11:14am 11:14am 11:15am
SUB TEST	.00	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
ATR BIK	. 00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Emil R. Cuth-Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008631 Test Record Number: 1079
Test Date: 10/28/2009 Test Time: 11:20am 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

CAL

PRNT	Pass	11:21am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:21am

Status

Time

11:21am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	lay	Instrument Location (/a/	Co. Jail	
Instrument Ser	ial No. <u>008608</u>	Hayesville, NC		
The preventive four months are	The state of the s	oximeters, Model Intox EC/IR II to be	followed at least once every	
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer shows	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		er is being changed before expiration ed every four months or after 125 Alc		
I certify that on procedures wer Department of	the <u>27</u> day of <u>0c7</u> e performed on the instrument indic Health and Human Services, and the	the for ated above, in accordance with current in instrument is functioning properly.	going preventive maintenance it regulations of the N.C.	
THE STATE OF THE S		R. Cuth	635	
		ure of Certifying Official	Certificate Number	

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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 10/27/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:02pm 12:02pm 12:03pm 12:04pm 12:04pm 12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 641

System Check: Passed

Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	12:09pm 12:09pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:09pm
SRC	Pass	12:09pm
DET	Pass	12:09pm
BAR	Pass	12:09pm
BT	Pass	12:09pm

Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_St	Vain Instrument Location Cherokee P.D.
Instrument Seri	al No. 008782 Charokee NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 27 day of October, 2009 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 10/27/2009

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: CUTLER, DANIEL R
Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Record Number: 293 Test Date: 10/27/2009 Test Time: 10:03am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time
AIR	Pass	10:04am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gra	ham Instrument Location Graham Co. S.D.		
Instrument Seria	INO. 008683 Robbinsville, NC		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on t procedures were Department of H	the		
OF THE STATE OF NO.	Signature of Certifying Official Certificate Number		

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683 Test Date: 10/15/2009

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

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

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

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

10/01/2009-10/01/2011

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:44am 11:45am 11:46am 11:46am 11:47am 11:49am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daif father

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008683 Test Record Number: 529
Test Date: 10/15/2009 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass	11:50am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Status

Time

Printer Tests

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hay	wood Instrument Location Haywood Co. Jail
Instrument Seria	Instrument Location Haywood Co. Jail No. 008714 Waynesville, NC
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the 13 day of 0cto br - , 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TANK STATE OF NO.	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 10/13/2009

Citation Number: M0000000-0
Subject's Name:

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

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

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

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Denil R. Cuth

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 352
Test Date: 10/13/2009 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:20pm 12:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	ywood Instrument Location Haywood Co. Jail
	rial No. 008712 Waynesville, NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that of procedures we Department of	on the
STATE STATE OF STATE	CAROLLI CONTROLLI CONTROLL

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 10/13/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:53am 11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
ATR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Mail R. Cuth

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 666
Test Date: 10/13/2009 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAŘ	Pass	12:00pm
BT	Pass	12:00pm
B.I.	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

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

1000	4 4 5 1 5 1 1 1	
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (therford Instrument Location Rutherford Co. S.D.		
Instrument Seria	100 N. Washington St. Rutherfordton 828-627-6247		
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on procedures were Department of H	the		
OTHE STATE OF A PRINT OF THE STATE OF	Bthu D. Willis 557 Signature of Certifying Official Certificate Number		

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 10/29/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	1:22pm
AIR BLK	.00	1:23pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
ATR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DUKUJ (). ()
Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 331 Test Date: 10/29/2009 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	1 · 31pm

Printer Tests

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

Pass

1:31pm

Preventive Maintenance Status: Pass

Analyst

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cle	Weland Instrument Location Cleveland County S.D.
Instrument Seria	1No. 008887 100 Justice Pl. Shelby 704-484-4888
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he <u>he</u> day of <u>OC+Ober</u> , 20 <u>OG</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF N. STATE	Bely D. Wills 557 Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

> Serial Number: 008887 Test Date: 10/27/2009

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: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:21pm 1:22pm
ACCY CHK AIR BLK	.07 .00	1:23pm 1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
ATR BLK	.00	1:28pm

Reported AC: _.00 g/210L

of Chemical Analyst

Court CVR

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Record Number: 396
Test Date: 10/27/2009 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

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

COMP Pas	

Preventive Maintenance Status: Pass

Bolly D. Willis
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	veland	Instrument Location <u>Clevelar</u>	nd Co. 5.).
Instrument Seria	I No. <u>008893</u>	100 Justice Pl., Sh 704-484-4888	elby
The preventive n four months are:		toximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.	ter is being changed before expiration d ged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on theday of			
TO THE STATE OF NO.	BAG	M. D. William Official	Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 10/19/2009

Citation Number: M0000000-0

Subject's Name:
PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:43pm 1:44pm 1:45pm 1:46pm 1:47pm 1:47pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Wellis Apalyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 382 Test Date: 10/19/2009 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:53pm

Pass

1:53pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_(therford Instrument Location Forest City P.D.		
Instrument Ser	ial No. <u>008889</u> 1875. Church St. Forest City 828-245-5555		
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the day of day of, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
O'NE STATE OF THE	BAGU L. Willia 557		
	Signature of Certifying Official Certificate Number		

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 10/19/2009

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: WILLIS, BOBBY D
Permit Number: 08010E

Effective:

10/01/2009-10/01/2011

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis
Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 235

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	1 0:16am
Pass	10:16am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:17am

Printer Tests

Test	Status	Time
PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:17am
CAL	Pass	10:17am

Preventive Maintenance Status: Pass

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mo	Instrument Location Mars Hill PD
Instrument Ser	rial No. 008599 Instrument Location Mars Hill, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
THE STATE OF THE S	CAROLLE STATE OF THE STATE OF T
	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Date: 10/13/2009

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	1:05pm 1:06pm 1:07pm 1:08pm 1:08pm 1:11pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Record Number: 317 Test Date: 10/13/2009 Test Time: 1:14pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
ATR	Pass	1 · 15pm	

Printer Tests

Status

Time

Test

PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:16pm 1:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location Mars Hill P.D.
Instrument Seria	INO. 008582 Mars Hill, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
STATE OF NO. 20, 1775. ONE STATE OF NO. 1775. ONE ST	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/13/2009

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:04pm 1:05pm 1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

MADISON COUNTY MARS HILL PD 560

Test Record Number: 602 Serial Number: 008582 Test Time: 1:12pm EDT Test Date: 10/13/2009

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH Instrument Location ROCKY MONT P.D		
Instrument	Serial No. 008740 #4 GOVERNMENT PLAZA ROCKY MUSIC		
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures	at on the		
ALL CREAT STATES	Signature of Certifying Official Certificate Number		

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 10/07/2009

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:20am
AIR BLK	.00	11:21am
ACCY CHK	.08	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 10/07/2009

Test Record Number: 243 Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:35am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	ASH	Instrument Location Recei	My Mari P.D.
Instrument Seria	II No. 008741	#7 GUERMENT	PIAZA REKKY HU
The preventive r	maintenance procedures for the Into	oximeters, Model Intox EC/IR II to	be followed at least once every
Ĭ.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		reath simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9,	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expirat ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	theday of e performed on the instrument indic Health and Human Services, and th		forgoing preventive maintenance rrent regulations of the N.C.
CREATE OF THE CR	Signa	dunand ture of Certifying Official	Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 10/07/2009

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

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

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

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

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

Test	3	g/210L	Time
DTÁ	7	Pass	11:26am
AIR	BLK	.00	
ACC	CHK		11:27am
AIR	BLK	.00	11:28am
SUB	TEST	.00	11:29am
AIR	BLK	.00	11:30am
SUB	TEST	.00	11:31am
AIR	BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 321 Test Date: 10/07/2009 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test

CAL

PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	11 · 40am

Status

Time

11:40am

Preventive Maintenance Status: Pass

Pass

Analyst