PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	ANDOLPH Instrument Location PANDOLPH Co. JAIL
Instrument Se	erial No. 008860 ASHEBORO NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the 29 day of SEPTEMBER, 20 09 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TABLE STAT.	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Date: 09/29/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Record Number: 464 Test Time: 10:25am EDT Test Date: 09/29/2009

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PANDOLPH Instrument Location RANDOLPH Co. JAIL
Instrument	Serial No. 008899 Asheboro NC
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	at on the 29 day of 56PTEMBE, 2009 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
THE GREAT OF THE COLOR OF THE C	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 09/29/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:20am 10:20am 10:21am 10:22am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am
SUB TEST	.00	10:25am
ATR BLK	. 0.0	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 619
Test Date: 09/29/2009 Test Time: 10:27am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:27am
FLO	Pass	10:27am
FC	Pass	10:28am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:28am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PANOCPH Instrument Location RANDLEMAN BUICE DEPT
Instrument	
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 29 day of SEPIEMBER, 20 9 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
AND SEE AND SE	TO THE STATE OF TH

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 09/29/2009

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: 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: 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	11:24am 11:25am 11:25am 11:26am 11:27am 11:28am
SUB TEST	.00	11:31am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 223
Test Date: 09/29/2009 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

SRC Pass 11:34am DET Pass 11:34am BAR Pass 11:34am	Test	Status	Time
	SRC DET	Pass Pass	11:34am 11:34am 11:34am
			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 CAL	Pass Pass	11:35am 11:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LEE Instrument Location LEE COUNTY 1716
Instrument Seria	INO. 008645 SANFORD, 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.
	he <u>25</u> day of <u>SEPTEMBER</u> , 20 <u>09</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 ON THE STATE OF THE S	Signature of Certifying Official Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 09/25/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG904903 Exp Date: 03/18/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 740
Test Date: 09/25/2009 Test Time: 1:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:44pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	PANDOCEM Instrument Location LIBERTY POLICE
Instrument S	Serial No. <u>008830</u> <u>Dept. (138RTy</u> NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>28</u> day of <u>5FTEMBR</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. 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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 09/28/2009

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:14pm 12:15pm 12:15pm 12:16pm
SUB TEST	.00	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Record Number: 174
Test Date: 09/28/2009 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:22pm
FLO	Pass	12:22pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:22pm
SRC	Pass	12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (eveland Instrument Location Kings Man. P.D.		
Instrument Seria	100. 008900 1125. Piedmont Ave., Kings Mtn.		
The preventive if	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the <u>18</u> day of <u>September</u> , 20 <u>Of</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 N. COLUMN STATE STATE OF N. COLUMN STATE STATE OF N. COLUMN STATE	Bylly D. Wellis 557 Signature of Gertifying Official Certificate Number		

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 09/28/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 157
Test Date: 09/28/2009 Test Time: 12:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:03pm 12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ı	INTOXINETERS, MODEL INTOX ECITOR		
County	ncoln Instrument Location Courthouse		
Instrument Seria	11 No. 008827 #1 Courthouse 59. Lincolnton 704-732-9020		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	he 15 day of September, 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 AN AUTOMOTOR AND AUTOMOTOR AUTOMOTOR AND AUTOMOTOR AUTOMOTOR AND AUTOMOTOR AU	Bolly D. Willis 557 Signature of Certifying Official Certificate Number		

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 09/15/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	2:16pm
AIR BLK	.00	2:17pm
ACCY CHK	.08	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
ATR BLK	. 0.0	2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 353 Test Date: 09/15/2009 Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance Status: Pass

Borry D. Wellis
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ncoln	Instrume	ent Location	Court	house
Instrument Seri	al No. <u>008873</u>	#1C	sud hous -732 - 0	se Sq.,	Lincolnton
The preventive four months are	maintenance procedures for	the Intoximeters,	Model Intox E	C/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus			coholic breath si	mulator thermometer shows
2.	Verify instrument displays	s time and date;			
3.	Initiate breath test sequence	ce;			
4.	Enter information as prom	ipted;			
5.	Verify instrument accurac	y;			
6.	When "PLEASE BLOW"	appears, collect	breath sample;		
7.	When "PLEASE BLOW"	appears, collect	breath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program	n; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.				e, or the alcoholic breath blic Breath Simulator tests,
	the day of e performed on the instrumer Health and Human Services,	nt indicated above		with current re	ng preventive maintenance egulations of the N.C.
OF THE STAFF OF TH	CAROLINA	3 t Plui	O. (1)) l l l i o	557

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

Signature of Certifying Official

Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 09/15/2009

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:
12/01/2007-12/01/2009

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

Lot Number: 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	1:47pm 1:48pm 1:49pm 1:50pm 1:50pm 1:51pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bofley D. Willis

Analyst

! LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Recor Test Date: 09/15/2009 Test Time

Test Record Number: 471
Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:55pm 1:55pm 1:55pm 1:55pm 1:55pm
BT	Pass	T:22bm

Blank Tests

Test	Status	Time
AIR	Pass	1:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:56pm

Preventive Maintenance Status: Pass

CAL

Pass

1:56pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rockwaham Instrument Location Reinsulle P. D
Instrumer	t Serial No. <u>008784</u>
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.
I certify the procedure Departme	nat on the
CREAT SE	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 09/16/2009

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: 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: AG916701 Exp Date: 06/16/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	1:23pm 1:24pm
ACCY CHK	.08	1:25pm
AIR BLK SUB TEST	.00 .00	1:26pm 1:26pm
AIR BLK	.00	1:27pm
SUB TEST AIR BLK	.00 .00	1:29pm 1:29pm
HTK DPV	.00	1.25Pm

.00 g/210L Reported AC

quature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 307 Test Date: 09/16/2009 Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
BT	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:32pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:32pm
CAL	Pass	1:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Avie Instrument Location DAvie Co Jail
Instrument Seria	No. 008905 Mocksville, 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.
l certify that on procedures wer Department of	the / / day of <u>Septembee</u> , 20 of the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STAIR OF THE S	CAROLLIA

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 09/17/2009

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: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	3:22pm 3:23pm 3:24pm 3:25pm 3:25pm 3:26pm 3:28pm 3:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 350
Test Date: 09/17/2009 Test Time: 3:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

Blank Tests

Test	Status	Time
ATR	Pass	3:30rpm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:30pm

3:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Jackson Instrument Location Jack	son Co. Jail
Instrument	t Serial No. <u>808708</u> <u>Sylva</u> , NC	
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II this are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic to 34 degrees, plus or minus .2 degree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify the procedure Department	nat on the 22 day of September, 20 09 thes were performed on the instrument indicated above, in accordance with cont of Health and Human Services, and the instrument is functioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
SE S	CAROLL	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 09/22/2009

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: CUTLER, DANIEL R
Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:26pm
AIR BLK	.00	3:27pm
ACCY CHK	.08	3:28pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:29pm
AIR BLK	.00	3:30pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 390 Test Date: 09/22/2009 Test Time: 3:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:34pm 3:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ja	ickson	Instrument Location Jacks.	an Co. Jail
Instrument Ser	rial No. <u>008722</u>	Sylva, MC	
The preventive four months as	e maintenance procedures for the Intogree:	kimeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic brea e centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		r is being changed before expiration devery four months or after 125 A	
I certify that or procedures we Department of	n the <u>ZZ</u> day of <u>Sep</u> ere performed on the instrument indical f Health and Human Services, and the	ted above, in accordance with current is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STATE OF STA		R. Cuth	635
	Signatu	re of Certifying Official	Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 09/22/2009

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: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	3:25pm 3:26pm 3:27pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 259
Test Date: 09/22/2009 Test Time: 3:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:33pm
FLO	Pass	3:33pm
FC	Pass	3:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:33pm
SRC	Pass	3:33pm
DET	Pass	3:33pm
BAR	Pass	3:33pm
BT	Pass	3:33pm

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:34pm

Pass

3:34pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	con Instrument Location Macon Co. Magistrate		
Instrument Seria	INO. <u>008795</u> Highlands, NC		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on t procedures were Department of H	he 30 day of 500 to more, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.		
THE STATE OF ANY CONTROL OF ANY CONT	Signature of Certifying Official Certificate Number		

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 09/30/2009

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

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

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

Analyst's Name: CUTLER, DANIEL R Permit Number: 08457E Effective: 12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:53pm 12:54pm 12:54pm
AIR BLK SUB TEST	.00	12:54pm 12:55pm 12:56pm
AIR BLK SUB TEST	.00	12:57pm 12:58pm
AIR BLK	.00	12:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 122 Test Date: 09/30/2009 Test Time: 1:00pm 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
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:02pm

Pass

1:02pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	acon	Instrument Location Mac	on Co. Jail	
Instrument Se	rial No. <u>00 % 78 9</u>	Franklin, NC		
The preventive four months a	e maintenance procedures for the Into	oximeters, Model Intox EC/IR II to	o be followed at least once every	
1.	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;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expirated every four months or after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,	
I certify that of procedures we Department of	on the <u>30</u> day of <u>50</u> ere performed on the instrument indice of Health and Human Services, and the	the cated above, in accordance with cue instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.	
THE STATE OF THE S	No state Carif 1	K. Lithature of Certifying Official	635	
	Signa	ture of Certifying Official	Certificate Number	

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 09/30/2009

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 115
Test Date: 09/30/2009 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Instrument Location Macon Co. Jail
Instrument Seria	INO. 008618 Franklin, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he 30 day of September, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO.	Signature of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 09/30/2009

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

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

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

Analyst's Name: CUTLER, DANIEL R Permit Number: 08457E Effective: 12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:21am
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/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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 727 Test Date: 09/30/2009 Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:29am

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALI	
Instrument Seri	al No. 008853 109.5. MAPLE ST. GRAHAM, 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
STATE OF THE STATE	Single of State of St
	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 09/15/2009

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: SMITH, BRIAN D Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:34pm 1:35pm 1:35pm 1:36pm 1:37pm
AIR BLK	.00	1:38pm
SUB TEST AIR BLK	.00 .00	1:39pm 1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 381 Test Date: 09/15/2009 Test Time: 1:42pm EDT

System Check: Passed

Baseline Tests

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

Preventive Maintenance Status: Pass

Pass

1:43pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALK	Instrument Location ALAMANCE CO. JAIC
Instrument Seria	1 No. 008913 109 S. MAPLE ST. GRAHAM 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
OTHE STATE OF THE	The Danith 637

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

Signature of Certifying Official

Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 09/15/2009

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:43pm 1:44pm 1:45pm 1:45pm 1:45pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 508 Test Date: 09/15/2009 Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:52pm 1:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-A	INTOXIMETERS, MODEL INTOXICAL
County	Instrument Location CUMBERIAND
Instrument Ser	ial No. 008614 County Detention Center
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.
	the <u>Z8</u> day of <u>September</u> , 20 <u>9</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'M'STATE OF	

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 09/28/2009

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Record Number: 878
Test Date: 09/28/2009 Test Time: 1:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLÖ	Pass	1:21pm
FC	Pass	1:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:22pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	MBERIAND Instrument Location CUMBERLAND COU
Instrument Seri	ial No. DO 8632 Detention Center
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.
	the 38 day of September, 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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 09/28/2009

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:51pm 12:51pm 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

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Record Number: 819
Test Date: 09/28/2009 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
AIR	Pass	1:00pm

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 R	CHMOND	Instrument Location RICHMOND COUN
Instrument S	Serial No. <u>00 8701</u>	MAGISTRATE'S OFFICE
The preventi		eximeters, 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	splays pressure, or the alcoholic breath simulator thermometer shows ee centigrade;
2.	Verify instrument displays time a	nd date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	rs, collect breath sample;
7.	When "PLEASE BLOW" appear	s, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		er is being changed before expiration date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests,
		Tember, 2009 the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly.
OTHER STATE OF THE		T 500

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

Signature of Certifying Official

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 09/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:31am
AIR BLK	.00	10:32am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: __00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 728
Test Date: 09/30/2009 Test Time: 10:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:39am
FLO	Pass	10:39am
FC	Pass	10:39am

Temperature Tests

Test	Status	Time
FC1	Pass	10:39am
SRC	Pass	10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
BT	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Status

Time

10:40am

Test

CAL

PRNT	Pass	10:40am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:40am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RICHMOND Instrument Location RICHMOND COUNT
Instrument	Serial No. 008840 MAGISTRATES OFFICE
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.
procedures	at on the 30 day of September, 2009 the forgoing preventive maintenance were 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.
SE S	

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 09/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:24am 10:25am 10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Record Number: 179
Test Date: 09/30/2009 Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34am
FLO	Pass	10:34am
FC	Pass	10:34am

Temperature Tests

Test	Status	Time
FC1	Pass	10:34am
SRC	Pass	10:34am
DET	Pass	10:34am
BAR	Pass	10:34am
BT	Pass	10:34am

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:35am

Pass

10:35am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IMBERIAND Instrument Location CUMBERIAND
Instrument Seria	INO. 8008672 County Detention Center
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 28 day of September, 20 09 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE ON THE STATE OF THE S	and Tanumone 528

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Date: 09/28/2009

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Record Number: 1339
Test Date: 09/28/2009 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:44pm
SRC	Pass	1:44pm
DET	Pass	1:44pm
BAR	Pass	1:44pm
BT	Pass	1:44pm

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

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

COMP Pass 1:45pm CAL Pass 1:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	UMBERIAND Instrument Location CUMBERIAND
Instrument Se	erial No. 008633 Canuty Detention Center
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 38 day of September, 2009 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 09/28/2009

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Rev. 12/2007

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 775
Test Date: 09/28/2009 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:16pm 12:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Suphin Instrument Location WAR Saw
Instrument Se	erial No. 8874 Police Dept.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 09/25/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:40pm 2:41pm 2:41pm 2:42pm
SUB TEST	.00	2:43pm
AIR BLK SUB TEST	.00 .00	2:44pm 2:45pm
AIR BLK	.00	2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 127
Test Date: 09/25/2009 Test Time: 2:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
\mathtt{BT}	Pass	2:48pm

Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	

COMP	Pass	2:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	ARNEW Instrument Location WARNEW CO. JAIL
Instrument Seria	INO. 008793 HWY 58 WARRENTON, MC
The preventive to	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 SEPTEMENT, 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.
THE STATE OF MAY 20. 1775	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 09/30/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	11:29am 11:29am 11:30am 11:31am 11:31am 11:32am
AIR BLK	.00	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 252
Test Date: 09/30/2009 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test

COMP

CAL

Status

PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time

Pass

Time

11:37am 11:37am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAR	Instrument Location NOCL	ALAIL	6.7
Instrument Serial	ial No. OO 8945 IDI MAIN ST, NORLI	WA_	, NC
The preventive m four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be follo	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath sim	ulator thermometer shows
2.	Verify instrument displays time and date;		*
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, 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 A whichever occurs first.	on date, Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedures were	the 30 day of 5000 the free performed on the instrument indicated above, in accordance with curre Health and Human Services, and the instrument is functioning properly	rent regi	g preventive maintenance ulations of the N.C.
TO THE STATE O'NO CONTROL OF THE STATE O'NO CONTROL O'NO TO THE STATE O'NO CONTROL	COROLLA CAROLLA SALVANIA		Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 09/30/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .07	10:47am 10:48am 10:48am 10:49am
.00	10:50am
.00	10:50am
.00	10:52am
.00	10:53am
	Pass .00 .07 .00 .00 .00 .00

/----

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WARREN COUNTY NORLINA POLICE DEPT 920

Test Record Number: 124 Serial Number: 008945

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55am 10:55am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	estant E	Instrument Location_	14(15502	augh F.D.
Instrument S	erial No. <u>00 8 199</u>	127 p. CH	0773W S	T HILLSBOROUGH
The preventi	ve maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the a	ilcoholic breath si	imulator thermometer shows
2.	Verify instrument displays t	time and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	;		
6.	When "PLEASE BLOW" a	appears, collect breath sample	<u>.</u> ,	
7.	When "PLEASE BLOW" a	appears, collect breath sample	> ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before changed every four months of	ore expiration dat r after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
procedures v	on the day of series day of series performed on the instrument of Health and Human Services, a	indicated above, in accordan	ice with current re	ing preventive maintenance egulations of the N.C.
THE STAT		Signature of Certifying Office	ial	650 Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 09/29/2009

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:
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	Pass	10:40am 10:41am
ACCY CHK	.07	10:42am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 388
Test Date: 09/29/2009 Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:47am 10:47am
FC	Pass	10:47am

Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

Blank Tests

Test	Status	Time
AIR	Pass	10:48am

Printer Tests

Test

Status

PRNT	Pass	10:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:48am 10:48am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ORA	SE	_ Inst	rument Locatio	on CHAPE	و ۱۱,۱۱	PD	
Instrument Seria	1No. <u>208856</u>	826	HARTIN	LUTTER	KING	7r.	BIUD
	naintenance procedures for the						
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r display: egree cei	s pressure, or the trigrade;	he alcoholic bre	eath simula	tor therm	ometer shows
2.	Verify instrument displays tin	ne and da	te;				
3.	Initiate breath test sequence;						
4.	Enter information as prompted	d;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" app	pears, co	lect breath san	nple;			
7.	When "PLEASE BLOW" app	pears, co	llect breath san	nple;			
8.	Print test record;						
9.	Verify Diagnostic Program; a	nd					
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is t anged ev	eing changed ery four month	before expirations or after 125 A	on date, or t Alcoholic B	the alcohoreath Sin	olic breath nulator tests,
I certify that on t procedures were Department of H	heday of performed on the instrument in lealth and Human Services, and	PTEHI dicated a the instr	BEL, above, in accor ument is funct	20 <u>7</u> the dance with curriconing properly	forgoing pr rent regulat	eventive tions of th	maintenance ne N.C.
TO THE STATE OF N. P.	Sign Caroling Sign Sign Sign Sign Sign Sign Sign S	gnature o	extended for Certifying O	fficial	C	€5∂ ertificate	Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 09/29/2009

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:

OUARANTELLO, 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	11:43am 11:44am 11:45am 11:46am 11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 340 Test Date: 09/29/2009 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

Status	Time
Pass	11:51am
Pass	11:51am
Pass	11:5 1 am
Pass	11:51am
Pass	11:51am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:51am
CAL	Pass	11:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ORANGE Instrument Location CTHEL HILL PD
Instrumer	t Serial No. OC 8839 828 MARTIN LUTTER KING TR. BIUD
	CHAPEL FIII. NC
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
OR AT SECOND	TATE OF NO. 123 CC. III. III. III. III. III. III. III.
	Signature of Certifying Official Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 09/29/2009

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:
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	11:41am 11:42am 11:43am 11:43am 11:44am 11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Apalyst

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 354
Test Date: 09/29/2009 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

rest	Status	TIME
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49am 11:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	atangg Instrument Location SAT Mobile Unit
/ Instrument Ser	ial No. <u>608898</u>
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 o procedures we Department of	n the
THE STATE OF THE S	CAROLL 3

WATAUGA COUNTY BAT MOBILE UNIT 6 940

Serial Number: 008898 Test Record Number: 325 Test Date: 09/25/2009 Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:56pm
FLO	Pass	9:56pm
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
ΔTD	Dagg	9.57nm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:58pm 9:58pm

Preventive Maintenance Status: Pass

WATAUGA COUNTY BAT MOBILE UNIT 6 940

Serial Number: 008898 Test Date: 09/25/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:49pm
AIR BLK	.00	9:50pm
ACCY CHK	.07	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:55pm
ATR BLK	.00	9:55pm

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 Roc	ruhit	_ Instrument Location	on Banchyt	Co. Courthouse
Instrument Seri	ial No. <u>() () () () () () () () () () () () () (</u>	100 € 0 KC	1st, Wasi	nington, N.C.
The preventive four months are	maintenance procedures for the	Intoximeters, Model Int	tox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or t degree centigrade;	he alcoholic breath s	simulator thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sar	nple;	
7.	When "PLEASE BLOW" ap	pears, collect breath sar	nple;	
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 anged every four month	before expiration dans or after 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on procedures wer Department of	n the <u>J&</u> day of <u>J</u> re performed on the instrument in Health and Human Services, and	ndicated above, in accord the instrument is funct	20 the forgo dance with current ioning properly.	oing preventive maintenance regulations of the N.C.
C STATS HATO ASSAULTS HATO ASSAULT HATO ASSAULTS HATO ASSA	AOR W CAROLINA	'00. A.L	0	642
		onature of Certifying O	fficial	Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 09/28/2009

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: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CHK	.08	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:06am
ATR BLK	.00	10:07am

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 Rev. 12/2007

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Record Number: 372
Test Date: 09/28/2009 Test Time: 10:08am EDT

System Check: Passed

Baseline Tests

Test St	atus Time
FLO Pa	10:08am 10:08am 10:08am 10:08am

Temperature Tests

Test	Status	Time
FC1	Pass	10:08am
SRC	Pass	10:08am
DET	Pass	10:08am
BÄR	Pass	10:08am
BT	Pass	10:08am

Blank Tests

Test	Status	Time
ATR	Pass	10:09am

Printer Tests

Test	Status	Time
PRNT	Pass	10:09am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:09am
CAL	Pass	10:09am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Do	Instrument Location Dave (a Detention (entitle)
Instrument Ser	ial No.008783 1044 Dr. Ftwood Dr. Manteo, W.
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.
l certify that or procedures we Department of	the day of September, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 09/22/2009

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	Pass	10:46am
AIR BLK	.00	10:47am
ACCY CHK	.08	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:52am
ATR BLK	. 0.0	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 119
Test Date: 09/22/2009 Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:54am
SRC	Pass	10:54am
DET	Pass	10:54am
BAR	Pass	10:54am
BT	Pass	10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55am 10:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dor	Instrument Location Dare Co. Detention Center
Instrument Seri	al No. 008804 1044 Driffwood Dr., Manteo, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of Soptember, 20 0 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 09/22/2009

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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:35am 10:36am 10:37am 10:38am 10:39am 10:39am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 445
Test Date: 09/22/2009 Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:45am
SRC	Pass	10:45am
DET	Pass	10:45am
BAR	Pass	10:45am
\mathtt{BT}	Pass	10:45am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:46am

10:46am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Dark	Instrument Location Kill Devil Hills P.D.
Instrument Seria	INO. 008844 102 Town Hall Dr., Kill Dovil Hills, 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 September, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF ANY 20, 1773 AN	Synature of Certifying Official Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 09/22/2009

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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG	Pass	9:34am
AIR BLK	.00	9:35am
ACCY CHK	.08	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:37am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
ATR BLK	.00	9:41am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 489
Test Date: 09/22/2009 Test Time: 9:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:43am
FLO	Pass	9:43am
FC	Pass	9:43am

Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9:43am
BAR	Pass	9:43am
\mathtt{BT}	Pass	9:43am

Blank Tests

Test	Status	1'ıme
ΔTR	Pass	9:44am

Printer Tests

Test	Status	Time
PRNT	Pass	9:44am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:44am 9:44am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	EDGECOMBE Instrument Location BST MOBILE CW. T
Instrumen	t Serial No
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 theday of
O RES	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY BAT MOBILE UNIT 5 320

Serial Number: 008788 Test Record Number: 265 Test Time: 9:01pm EDT Test Date: 09/26/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:02pm 9:02pm
FC	Pass	9:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:02pm
SRC	Pass	9:02pm
DET	Pass	9:02pm
BAR	Pass	9:02pm
BT	Pass	9:02pm

Blank Tests

Test	Status	Time
ATR	Pass	9:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:03pm 9:03pm

Preventive Maintenance Status: Pass

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 5 320

Serial Number: 008788 Test Date: 09/26/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:53pm 8:54pm
ACCY CHK AIR BLK	.08 .00	8:54pm 8:55pm
SUB TEST	.00	8:56pm
AIR B L K	.00	8:57pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WALET	Instrument Location	Bot M	OBIC LOWIT #5
Instrument S	erial No. <u>008600</u>		Rolei	-
The preventi	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c		lcoholic breath s	imulator thermometer shows
2.	Verify instrument displays tir	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;	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.	mister is being changed before anged every four months of	ore expiration da r after 125 Alcol	te, or the alcoholic breath solic Breath Simulator tests,
procedures v	on the 25 day of were performed on the instrument in of Health and Human Services, and	ndicated above, in accordan	ice with current i	oing preventive maintenance regulations of the N.C.
STATION OF THE STATIO	007	l 6. 11/5 to gnature of Certifying Offici	<u>jal</u>	

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: 533
Test Date: 09/25/2009 Test Time: 11:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:34pm 11:34pm 11:34pm 11:34pm 11:34pm

Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:35pm
CAL	Pass	11:35pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/25/2009

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

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

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

Analyst's Name: 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	11:23pm 11:24pm 11:24pm 11:25pm 11:26pm 11:27pm
SUB TEST	.00	11:29pm
AIR BLK	.00	11:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WATES Ins	strument Location_	BAT INDBLE	lini T 45
Instrument So	Serial No. <u>0 0 8 6 9 8 </u>	FC	Meier	
The prevention four months	tive maintenance procedures for the Intoxims are:	eters, Model Intox	EC/IR II to be followe	ed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co	ys pressure, or the a entigrade;	ilcoholic breath simula	ator thermometer shows
2.	Verify instrument displays time and c	late;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath sample	e;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample	e;	
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.	very four months o	r after 125 Alcoholic l	Breath Simulator tests,
procedures v	were performed on the instrument indicated to f Health and Human Services, and the ins	l above, in accordar	nce with current regula	preventive maintenance ations of the N.C.
TALL STATE OF THE	CAROL	6.71100	4. X	631

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 400 Test Date: 09/25/2009 Test Time: 11:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

Printer Tests

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

11:22pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/25/2009

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

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

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

Analyst's Name: 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	11:06pm 11:07pm 11:08pm 11:09pm 11:10pm 11:12pm
AIR BLK	.00	11:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wishe	Instrument Location BAT 11	10Bile Limit 5
Instrument	Serial No. <u>OO 8788</u>	Rolliston	
The prevent		for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.		canister displays pressure, or the alcoholic breat us .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displ	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	W" appears, collect breath sample;	
7.	When "PLEASE BLOW	N" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expiration ing changed every four months or after 125 Ak	date, or the alcoholic breath coholic Breath Simulator tests,
I certify tha procedures Department	at on the 25 day of were performed on the instruct of Health and Human Service	nent indicated above, in accordance with currences, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
ALE STATE OF THE S	TE ON NORTH CAROLINA	Signature of Certifying Official	Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 255
Test Date: 09/25/2009 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:20pm 11:20pm
FC	Pass	11:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:21pm 11:21pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/25/2009

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject'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, NPNE
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	11:04pm 11:05pm
ACCY CHK	.08	11:05pm
AIR BLK SUB TEST	.00 .00	11:06pm 11:07pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:09pm
AIR BLK	.00	11:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	teret Instrument Location BATMobile Unit
	No. Ocobba Emerald TSie
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	ne day of sector, 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.
O'NE STATE O'NG O'NE STATE O'N	Signature of Certifying Official Certificate Number

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 199
Test Date: 09/19/2009 Test Time: 9:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:14pm
FLO	Pass	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	Pass	9:15pm

9:15pm

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 09/19/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:07pm 9:08pm 9:08pm 9:09pm 9:09pm 9:10pm 9:12pm
AIR BLK	.00	9:13pm

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

_ /	asteret Instrument Location SAT pulobile Garte
County_(Serial No. 008939 Engerald 75/6
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
STATE OF THE CARE AT LEGISLATION OF THE CARE AT	Signature of Certifying Official Certificate Number

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 293
Test Date: 09/19/2009 Test Time: 9:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:04pm
FLO	Pass	9:04pm
FC	Pass	9:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
\mathtt{BT}	Pass	9:05pm

Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

Printer Tests

Status

Test

CAL

Time

PRNT	Pass	9:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:05pm

Preventive Maintenance Status: Pass

Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 09/19/2009

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:57pm 8:58pm
ACCY CHK	.08	8:59pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:00pm
AIR BLK	.00	9:01pm
SUB TEST	.00	9:02pm
AIR BLK	.00	9:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Massler
Analyst

PREVENTIVE MAINTENANCE RECORD

County C	INTOXIMETERS, MODEL INTOX ECTR II arteret Instrument Location BAT Mobile Unit
Instrument S	erial No. 008898 Emerald ISIE
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Test Record Number: 321 Serial Number: 008898 Test Time: 11:47pm EDT Test Date: 09/19/2009

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:47pm 11:47pm
FC	Pass	11:47pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:47pm 11:47pm 11:47pm 11:47pm
BT	Pass	11:47pm

Blank Tests

Test	Status	Time
AIR	Pass	11:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:48pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:48pm
CAL	Pass	11:48pm

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 09/19/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:40pm 11:41pm 11:41pm 11:42pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:45pm
ATR BLK	.00	11:46pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Countyi	LAKE-	Instrument Location_	CAT	1114 Bike	LIDIT #5
Instrument Seria	No. <u>じいをもいり</u>		1. A.L.	1	
The preventive n four months are:	naintenance procedures for the Int	oximeters, Model Intox	EC/IR II 1	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 a	alcoholic l	oreath 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" appear	ars, collect breath sample	e;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed bef ged every four months o	Fore expira or after 12	ation date, or t 5 Alcoholic B	he alcoholic breath reath Simulator tests,
procedures were	the 18 day of 560 performed on the instrument indicates and the dealth and Human Services, and the	cated above, in accordat	nce with c	current regulat	eventive maintenance ions of the N.C.
THE STATE OF MAY 20, 177 5	Ogala CARO	ature of Certifying Offic	Jucial	<u> </u>	656 ertificate 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: 529
Test Date: 09/18/2009 Test Time: 11:52pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:53pm

Printer Tests

Test

Status Time

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/18/2009

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

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

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

Analyst's Name: 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	11:37pm 11:38pm 11:39pm 11:40pm 11:41pm 11:43pm
AIR BLK	.00	11:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	wake	Instrument Location_/5/	ET MOBILE LANT #5
Instrument	Serial No. <u>008698</u>		7.rs/
The preven		or the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas c 34 degrees, plus or minu		olic breath simulator thermometer shows
2.	Verify instrument displa	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accur	racy;	
6.	When "PLEASE BLOV	V" appears, collect breath sample;	
7.	When "PLEASE BLOV	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	ram; and	
10.	Verify that the ethanol g simulator solution is be whichever occurs first.	gas canister is being changed before e ing changed every four months or after	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
procedures	were performed on the instrun	nent indicated above, in accordance ves, and the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
PO SEE THE CARE TO SEE THE CAR	ATE OF NORTH CAROLINA AND AND AND AND AND AND AND AND AND A	Ed C. III og	
		Signature of Certifying Official	Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 395 Test Date: 09/18/2009 Test Time: 11:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass	11:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:26pm
SRC	Pass	11:26pm
DET	Pass	11:26pm
BAR	Pass	11:26pm
BT	Pass	11:26pm

Blank Tests

iest	Status	TTITE
AIR	Pass	11:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:28pm 11:28pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/18/2009

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

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

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

Analyst's Name: 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	Pass .00 .08 .00	11:16pm 11:17pm 11:18pm 11:18pm 11:19pm
AIR BLK	.00	11:20pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Waxe	Instrument Location_	1547	MoBile Unit 45
Instrument	t Serial No. <u>のにぞりまみ</u>		CAMI	
The prever	ntive maintenance procedures for the In hs are:	toximeters, Model Intox I	EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breat	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" appe	ars, collect breath sample	;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before ged every four months or	ere expiration after 125 Alo	date, or the alcoholic breath coholic Breath Simulator tests,
procedure	hat on the	icated above, in accordan	ce with currer	rgoing preventive maintenance nt regulations of the N.C.
CREAT SEATON OF	TATE OF NO DELLA CAROLINA VIDENTA VIDE	LG 777-y		636
		ature of Certifying Offici		Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 250 Test Date: 09/18/2009 Test Time: 11:28pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass	11:29pm 11:29pm 11:29pm 11:29pm 11:29pm
DI	Pass	11.25bm

Blank Tests

Test	Status	Time
AIR	Pass	11:29pm

Printer Tests

Test

CAL

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

Status Time

11:29pm

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/18/2009

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

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

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	11:14pm 11:15pm 11:16pm
AIR BLK	.00	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

Anaiys

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

6. /1/v/a

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Do	ethan	_ Instrument Le	ocation_	Dur	tum.	ره.	JAIL	
Instrument Seri	ial No. <u>008859</u>	<u>217 5</u>	MM	4(UH	5.	Dur	+AM	, PC
The preventive four months are	maintenance procedures for the	Intoximeters, Mod	el Intox	EC/IR II	to be foll	owed at l	east once	every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure degree centigrade;	, or the a	lcoholic	breath sii	nulator th	nermomete	r shows
2.	Verify instrument displays tir	ne and date;						
3.	Initiate breath test sequence;							
4.	Enter information as prompte	ed;						
5.	Verify instrument accuracy;				٠			
6.	When "PLEASE BLOW" ap	pears, collect breat	h sample	; ;				
7.	When "PLEASE BLOW" ap	pears, collect breat	h 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 char nanged every four r	nged befo	ore expir r after 12	ation date 5 Alcoho	, or the a	lcoholic br Simulato	eath r tests,
I certify that or procedures wer Department of	the day of re performed on the instrument in Health and Human Services, and	EDTEMBEL ndicated above, in d the instrument is	accordan	ce with	current re	ng preven gulations	tive maint of the N.C	enance
THE STATE OF THE S	CAROLINA MATERIAL PROPERTY OF THE PROPERTY OF	gnature of Certifyi	ng Offici	ial) — -	6 S Certific	cate Numb	oer

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 09/17/2009

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: 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 AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:24am 11:25am 11:25am 11:26am 11:27am 11:28am 11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 338
Test Date: 09/17/2009 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:36am 11:36am 11:36am 11:36am
\mathtt{BT}	Pass	11:36am

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

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

1650	Deacub	# TIIIC
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CH.STEW	Instrument Location 557 /117	site Latt
Instrument Ser	ial No. <u>608600</u>	ClayTer	<u>, </u>
The preventive four months ar		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath stree 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" appearance	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	l	
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ster is being changed before expiration da ged every four months or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
procedures we	re performed on the instrument indi	cated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	NORTH CAROLINA Signal Signal	ature of Certifying Official	Certificate Number

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

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008600 Test Record Number: 527
Test Date: 09/05/2009 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008600 Test Date: 09/05/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:13pm 10:14pm 10:15pm 10:16pm
SUB TEST	.00	10:16pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:19pm
ATR BIK	. 0.0	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrumen	t Serial No. OOSCOIL CHARLOTTE, NC.
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.
I certify tha procedures Department	t on the day of
STA	
- William	Signature of Certifying Official Certificate Number

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

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

ì

Serial Number: 008616 Test Date: 09/11/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:15pm 10:16pm 10:17pm
AIR BLK	.00	10:18pm
SUB TEST AIR BLK	.00 .00	10:18pm 10:19pm
SUB TEST AIR BLK	.00 .00	10:21pm

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: 611 Test Date: 09/11/2009 Test Time: 10:22pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:23pm

Printer Tests

Test

CAL

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

Status

Time

10:23pm

Preventive Maintenance Status: Pass

Pass

Analvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MECKLENBURG Instrument Location BAT MOBILE UNIT :
Instrument So	erial No. 008647 CHARLOTTE, NO.
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 or procedures wer Department of	the 11 day of <u>SEPTEMBER</u> , 20 <u>99</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLLI CAROLL
ASSE OLIAM VIDEN	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: 09/11/2009

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Za Benes Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 601 Test Date: 09/11/2009 Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:25pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location B	AT MOBILE UNIT 3
Instrument	nent Serial No. <u>008707</u> C	HARLOTTE, NC
The preven	eventive maintenance procedures for the Intoximeters, Model Intox EC/IR onths are:	II to be followed at least once every
1.	. Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	ic 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 exp simulator solution is being changed every four months or after 1 whichever occurs first.	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures v Department	that on the 11 day of SEPTEMBER, 20 09 res were performed on the instrument indicated above, in accordance with ent of Health and Human Services, and the instrument is functioning projection.	current regulations of the N.C.
THE STATE OF THE S	Clur Ray Banes Signature of Certifying Official	

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: 09/11/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:17pm 10:18pm
ACCY CHK	.08	10:18pm 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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 416 Test Date: 09/11/2009 Test Time: 10:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:23pm 10:23pm
FC	Pass	10:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY	Instrument Location_	BAT MOBILE UNIT 3
Instrument S	erial No. <u>008616</u>		BAT MOBILE UNIT 3 DOBSON, NC
The preventi four months		he Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the al 2 degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence)	·
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	on the 12 day of cre performed on the instrument of Health and Human Services, an	indicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
OF THE STATE OF THE PROPERTY O	CO	Lu R (13.	-g 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

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008616 Test Date: 09/12/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E

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

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:33pm
AIR BLK	.00	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008616 Test Record Number: 617
Test Date: 09/12/2009 Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst(

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BATMOBILE UNIT
Instrument	Serial No		BATMOBILE UNIT S GREENSBORD, NC
The prever	•	ntoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simulator thermometer 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" appe	ears, collect breath sample	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.			after 125 Alcoholic Breath Simulator tests,
	t on the 18 day of 5E were performed on the instrument ind of Health and Human Services, and t	icated above, in accordant	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
TO THE STAN	CAROUN	Q. B.	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: 008707 Test Date: 09/18/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:19pm 11:20pm 11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 423 Test Date: 09/18/2009 Test Time: 11:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:26pm 11:26pm
FC	Pass	11:26pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:26pm 11:26pm
DET	Pass	11:26pm
BAR	Pass	11:26pm
\mathtt{BT}	Pass	11:26pm

Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27pm 11:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location BATMOBILE UNIT Serial No. 008616 GREENSBORD D	<u>3</u>
Instrument	Serial No. OO8616 GREENSBORD,	<u>. </u>
The preven	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once events are:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	
	were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.	nce
ATZ CREAT	CARDON CONTROL OF THE PROPERTY	

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 09/18/2009

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 621 Test Date: 09/18/2009 Test Time: 11:18pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD	Instrument Location_	BATMOBILE UNIT 3	
Instrument S	Serial No. <u>008647</u>		GREENSBORD, NC	
The preventi		ntoximeters, Model Intox I	EC/IR II to be followed at least once every	
i.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		Icoholic 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" appears, collect breath sample;			
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
	on the <u>/8</u> day of <u>SE/</u> vere performed on the instrument indi of Health and Human Services, and th	icated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C. ag properly.	
STATE VALUE OF THE STATE OF THE	alen &	ay Bandard	S Certificate Number	

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 09/18/2009

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: 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	11:14pm 11:15pm 11:16pm 11:17pm 11:17pm
SUB TEST	.00	11:19pm
AIR BLK	.00	11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 610 Test Date: 09/18/2009 Test Time: 11:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:22pm

Printer Tests

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

Preventive Maintenance Status: Pass

11:22pm

Mulyst Benes

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	TREDELL Instrument Location BAT MOBILE UNIT
Instrument Se	TREDELL Instrument Location BAT MOBILE UNIT S erial No. 008616 MOORES VILLE, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 19 day of SEPTEMBER, 2009 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE ON STATE OF STA	Clu Ray Bana 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

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 09/19/2009

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:55pm 10:56pm
ACCY CHK	.08	10:56pm
AIR BLK	.00	10:57pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:00pm
ATR BLK	- 00	11:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Record Number: 626 Test Date: 09/19/2009 Test Time: 11:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07pm

Time

Printer Tests

Status

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_/	TECKLENBURG Inst	trument Location BAT M	POBILE UNIT 3
Instrument Se	erial No. <u>008707</u>	CHARLO	TIE, NC
The preventiv	ve maintenance procedures for the Intoxime are:	ters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cer		simulator thermometer shows
2.	Verify instrument displays time and da	te;	
3.	Initiate breath test sequence;	•• •	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		·
6.	When "PLEASE BLOW" appears, col.	lect breath sample;	
7.	When "PLEASE BLOW" appears, col	lect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed eve whichever occurs first.		
procedures we	on the <u>34</u> day of <u>SEPTEM</u> ere performed on the instrument indicated al f Health and Human Services, and the instru	bove, in accordance with current re	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	CAROLLI CONTROLLI CONTROLL		/ 110
STATE OLIMANOSTA		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: 09/24/2009

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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.08	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
ATR BLK	.00	9:58pm

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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MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 432
Test Date: 09/24/2009 Test Time: 9:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

Blank Tests

Test	Status	Time
AIR	Pass	10:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:00pm 10:00pm

Preventive Maintenance Status: Pass

Afailyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location	BAT MOBILE UNIT 3
Instrument !	Serial No. <u>008647</u>		CHARLOTTE, NC
The prevent four months	tive maintenance 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	holic breath simulator thermometer shows
2.	Verify instrument displays time ar	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, 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.	is being changed before e l every four months or afte	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>24</u> day of <u>SEP72</u> were performed on the instrument indicate of Health and Human Services, and the in	ed above, in accordance w	the forgoing preventive maintenance rith current regulations of the N.C. roperly.
STATE STATE OF THE	SAROLLI CAROLLI CAROLL		
VIDEO OLIAN VIDEO	_ alu Kg	3cms	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

1

Serial Number: 008647 Test Date: 09/24/2009

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:

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 .00	9:50pm 9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 616 Test Date: 09/24/2009 Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:58pm
FLO	Pass	9:58pm
FC	Pass	9:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:58pm
SRC	Pass	9:58pm
DET	Pass	9:58pm
BAR	Pass	9:58pm
BT	Pass	9:58pm

Blank Tests

Test	Status	Time
AIR	Pass	9:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:59pm
CAL	Pass	9:59pm

Preventive Maintenance Status: Pass

Ry Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument 5	Serial No. 008616 CHARLOTTE, DC
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.
	on theday ofSEPTEMBER_, 20_09 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHER STATE	Celun Rey Ben 3 648

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

Signature of Certifying Official

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

1

Serial Number: 008616 Test Date: 09/24/2009

Citation Number: M0000000-0 Subject's Name:

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

Subject's Date Of Birth: 11/11/19 Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	9:48pm 9:49pm 9:50pm 9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm

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: 634

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:56pm

Printer Tests

PRNT Pass 9:56pm	Test	Status	Time
	PRNT	Pass	9:56pm

CRC Tests

Test	Status	Time
COMP	Pass	9:57pm
CAL	Pass	9:57pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	30/1/8/701V	Instrument Location	BAT	Midde	Car, T
Instrument	Serial No. <u>608698</u>		Chyl	er est est	
The prevent	ative maintenance procedures for the	e Intoximeters, Model Intox l	EC/IR II to be	followed at least of	once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		lcoholic breath	simulator thermo	ometer shows
2.	Verify instrument displays ti	me and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ag	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 consimulator solution is being converged whichever occurs first.	anister is being changed befo hanged every four months or	ore expiration of after 125 Alco	late, or the alcoho oholic Breath Sim	olic breath nulator tests,
I certify the procedures Department	at on the day of Health and Human Services, and	indicated above, in accordant the instrument is functioning	ce with current ng properly.	going preventive i t regulations of th	maintenance e N.C.
THE CREAT SET OF		ignature of Certifying Offici	AL A		-

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

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008698

Test Record Number: 389

Test Date: 09/05/2009

Test Time: 9:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:43pm
FLO	Pass	9:43pm
FC	Pass	9:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
BT	Pass	9:43pm

Blank Tests

Test	Status	Time
ATR	Pass	9:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	9:44pm

Preventive Maintenance Status: Pass

Analyst

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008698 Test Date: 09/05/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:33pm 9:34pm
ACCY CHK	.08	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:36pm
AIR BLK	.00	9:37pm
SUB TEST	.00	9:38pm
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Department of Health and Human Services Rev. 12/2007

11/0/2

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tutt.USTO.W	Instrument Location_	BAT In edite lair 7 75
Instrumen	t Serial No. <u>CUE 7 Ser</u>		C'Ester Terro
The preve		Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		coholic breath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	;
7.	When "PLEASE BLOW" ap	ppears, 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,
procedure	nat on the 5 day of 5	ndicated above, in accordance	the forgoing preventive maintenance be with current regulations of the N.C. ng properly.
CONTRACTOR OF STATE O	FATE OF NORTH CARD	Eze 6.7	TI 572 X 636

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

Signature of Certifying Official

Certificate Number

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008788 Test Record Number: 244
Test Date: 09/05/2009 Test Time: 9:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	9:39pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

JOHNSTON COUNTY BAT MOBILE UNIT 5 500

Serial Number: 008788 Test Date: 09/05/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

it Number: 09372E Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	mq28:9

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CHATHAM Instrument Location PITTSBORD POLICE
Instrument S	Serial No. 00859/ DEPT, PITTSBORD NC
The preventi	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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that procedures v Department	at on the <u>03</u> day of <u>SEPTEMBER</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. to f Health and Human Services, and the instrument is functioning properly.
LATE OF ALL STATES	Signature of Certifying Official Certificate Number

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

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Date: 09/03/2009

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

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

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

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

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 398
Test Date: 09/03/2009 Test Time: 4:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:48pm 4:48pm
FC	Pass	4:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:48pm
SRC	Pass	4:48pm
DET	Pass	4:48pm
BAR	Pass	4:48pm
BT	Pass	4:48pm

Blank Tests

Test	Status	Time
AIR	Pass	4 : 4 9 mm

Printer Tests

Status Time

Test

PRNT	Pass	4:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:49pm 4:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 10	HNSTON Instrument Location SELMA PLUCE DEPT.
Instrument Serial	No. 008595 SELMA, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the Department of He	ne /S day of SEPTEMBER, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE ON NO. 1773 NO.	Signature of Certifying Official Certificate Number

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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 09/15/2009

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: AG825401 Exp Date: 09/10/2010

g/210L	Time
Pass .00 .07 .00	1:15pm 1:16pm 1:16pm 1:17pm 1:18pm
	1:10pm
	1:19pm
.00	1:21pm
	Pass .00 .07 .00 .00

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 353 Test Date: 09/15/2009 Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
\mathtt{BT}	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	Cotland Instrument Location LAURINBURG,
Instrument Seria	INO. 00 8834 Police Dept.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 ody of September, 2009 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Service 528

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

Signature of Certifying Official

Certificate Number

SCOTLAND LAURINBURG PD 820

Serial Number: 008834 Test Date: 09/04/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:32pm 1:32pm 1:33pm 1:34pm 1:34pm 1:35pm 1:37pm
AIR BLK	.00	1:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 191 Test Date: 09/04/2009 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

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

rest	Status	TIME
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROBESON Instrument Location 1827 MUBILLE LINIT
Instrument !	Serial No
The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the
ALL CREATERS OF STATE	

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

Signature of Certifying Official

Certificate Number

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008698 Test Record Number: 384 Test Date: 09/03/2009 Test Time: 5:12pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	5:13pm
SRC	Pass	5:13pm
DET	Pass	5:13pm
BAR	Pass	5:13pm
BT	Pass	5:13pm

Blank Tests

Test	Status	TIME
AIR	Pass	5:13pm

Printer Tests

Test

Status

Time

1000	500005	
PRNT	Pass	5:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:13pm 5:13pm

Preventive Maintenance Status: Pass

Analyst

ROBESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008698 Test Date: 09/03/2009

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: 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	Pass	4:59pm 5:00pm
ACCY CHK	.08	5:01pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:05pm
AIR BLK	.00	5:06pm

/----

.00 g/210L Reperted AC:

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location HARNETT
Instrument So	erial No. 008730 County Detention CENTEI
The prevention	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the O2 day of September, 20 of the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	S. HORRING CARDUS

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 09/02/2009

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:37am 10:38am
AIR BLK ACCY CHK	.00	10:39am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 430 Test Date: 09/02/2009 Test Time: 10:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44am 10:44am
FC	Pass	10:45am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DRNEH Instrument Location THARNETT
Instrument Seria	INO. 008729 COUNTY DETENTION CENTER
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the Od day of Schlenber, 20 09 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF WAR IS THE TOTAL OF THE STATE O	Serve To Examines 528

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 09/02/2009

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T Permit Number: 08619E Effective: 12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:18am 10:19am 10:19am 10:20am
AIR BLK SUB TEST	.00	10:22am 10:23am
AIR BLK	.00	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 792
Test Date: 09/02/2009 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	TOKE Instrument Location HOKE COUNTY
-	FORE Instrument Location HOKE COUNTY erial No. 008855 DETENTION CENTER
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the day of eptember_, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CORP. STATI	

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 09/01/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:39am 11:40am
ACCY CHK	.08	11:41am
AIR BLK	.00	11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 302 Test Date: 09/01/2009 Test Time: 11:46am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
FC	Pass	11:47am

Temperature Tests

Test	Status	Time
FC1	Pass	11:47am
SRC	Pass	11:47am
DET	Pass	11:47am
BAR	Pass	11:47am
BT	Pass	11:47am

Blank Tests

Test	Status	Time
ΣΤP	Dagg	11.47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:48am

11:48am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /		Instrument Location HOK	
Instrument Seri	al No. <u>008852</u>	Instrument Location HOK Detention	1 Center
The preventive four months are		ntoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breat gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canisimulator solution is being charwhichever occurs first.	ster is being changed before expiration aged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
procedures were	e performed on the instrument and	icated above, in accordance with curre he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STAIR OF THE S	Sign	ature of Certifying Official	578 Certificate Number

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 09/01/2009

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 179
Test Date: 09/01/2009 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 CAL	Pass Pass	11:17am 11:17am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK	Instrument Location BAT MOBILE UNIT 3		
Instrumer	nt Serial No. <u>008707</u>	Instrument Location BAT MOBILE UNIT 3 CAROLINA SHORES, NO		
The preve		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	ie and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	t;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.		ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,		
procedures	s were performed on the instrument inc	PTEMBER, 20 09 the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.		
THE CREAT SET OF		Ry Bana 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

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Date: 09/04/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:04pm
AIR BLK	.00	9:05pm
ACCY CHK	.08	9:05pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	.00	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008707 Test Record Number: 410 Test Date: 09/04/2009 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	9:11pm
SRC	Pass	9:11pm
DET	Pass	9:11pm
BAR	Pass	9:11pm
BT	Pass	9:11pm

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 Pass	9:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK	Instrument Location_	BAT MOBILE UNIT 3
Instrument	Serial No. <u>008647</u>		BAT MOBILE UNIT 3 CAROLINA SHORES, N
The preven		ntoximeters, 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 de		lcoholic breath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;	e.	
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	1	
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	t on the day of SE were performed on the instrument indo of Health and Human Services, and the	icated above, in accordanc	the forgoing preventive maintenance with current regulations of the N.C. og properly.
TATE OF THE CAME O		ature of Certifying Officia	Certificate Number

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

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008647 Test Date: 09/04/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:15pm
AIR BLK	.00	9:16pm
ACCY CHK	.08	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

Ahalyst

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008647 Test Record Number: 589
Test Date: 09/04/2009 Test Time: 9:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:22pm
FLO	Pass	9:22pm
FC	Pass	9:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:22pm
SRC	Pass	9:22pm
DET	Pass	9:22pm
BAR	Pass	9:22pm
BT	Pass	9:22pm

Blank Tests

Test	Status	Time
AIR	Pass	9:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:23pm
	CRC Tests	
Test.	Status	Time

COMP Pass 9:23p CAL Pass 9:23p	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3	Initiate breath test sequence;
4:	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofSEPTEMBER_, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.

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

Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Date: 09/04/2009

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	9:05pm 9:06pm 9:07pm 9:07pm 9:08pm
AIR BLK SUB TEST	.00	9:09pm 9:10pm
AIR BLK	.00	9:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BAT MOBILE UNIT 3 090

Serial Number: 008616 Test Record Number: 601 Test Date: 09/04/2009 Test Time: 9:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

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	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:13pm

9:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707 Test Date: 09/02/2009

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:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.08	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707 Test Record Number: 407 Test Date: 09/02/2009 Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:21pm 9:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 41	erial No. 008724 Instrument Location Banner FIK PD Banner FIK PD Banner FIK PD
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.
	on the
THE STATE OF THE S	

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

Signature of Certifying Official

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 09/04/2009

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:52pm
AIR BLK	.00	5:53pm
ACCY CHK	.08	5:54pm
AIR BLK	.00	5:55pm
SUB TEST	.00	5:55pm
AIR BLK	.00	5:56pm
SUB TEST	.00	5:58pm
AIR BLK	.00	5:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 129
Test Date: 09/04/2009 Test Time: 6:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	6:00pm	
FLO	Pass	6:00pm	
FC	Pass	6:00pm	

Temperature Tests

Test	Status	Time
FC1	Pass	6:00pm
SRC	Pass	6:00pm
DET	Pass	6:00pm
BAR	Pass	6:00pm
BT	Pass	6:00pm

Blank Tests

Test	Status	Time
AIR	Pass	6:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:01pm 6:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County War	Instrument Location Watauga Co. Jail
Instrument Se	rial No. DO3716 Instrument Location Watauga Co. Jail Boone, NC
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.
I certify that o procedures we Department of	on the 8 day of September, 2009 the forgoing preventive maintenance are 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.
STATE OF STA	# CAROL

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Date: 09/08/2009

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

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

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	5:25pm
AIR BLK	.00	5:26pm
ACCY CHK	.08	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Record Number: 587
Test Date: 09/08/2009 Test Time: 5:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:33pm
FLO	Pass	5:33pm
FC	Pass	5:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:33pm
SRC	Pass	5:33pm
DET	Pass	5:33pm
BAR	Pass	5:33pm
BT	Pass	5:33pm

Blank Tests

Test	Status	Time
ΔTR	Dagg	5 • 3 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	5:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:34pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wafa	Instrument Location Watavga Co. Jail
Instrument Seria	ul No. <u>008715</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>8</u> day of <u>Sentence</u> , 20 <u>09</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 09/08/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	5:26pm 5:27pm 5:27pm 5:28pm 5:29pm 5:30pm
AIR BLK SUB TEST	.00	5:31pm
AIR BLK	.00	5:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 323
Test Date: 09/08/2009 Test Time: 5:33pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:33pm
FLO	Pass	5:33pm
FC	Pass	5:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:34pm
SRC	Pass	5:34pm
DET	Pass	5:34pm
BAR	Pass	5:34pm
BT	Pass	5:34pm

Blank Tests

Test	Status	Time
AIR	Pass	5:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:34pm 5:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Burke Instrument Location Morgan ton D.P.S.
Instrume	Morganton D.P.S. Instrument Location Morganton D.P.S. Int Serial No. 608904 Morganton, NC
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on the are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify procedur Departm	that on the
SE GREAT CONTROL OF THE CONTROL OF T	Signature of Certifying Official Certificate Number

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

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 09/09/2009

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

AIR BLK . ACCY CHK . AIR BLK .	ass 00 08 00 00	12:46pm 12:47pm 12:48pm 12:49pm 12:50pm
	00	12:51pm
** *	00 00	12:52pm 12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Test Record Number: 243 Serial Number: 008904

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:54pm
FLO	Pass	12:54pm
FC	Pass	12:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

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	12:56pm 12:56pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Bur	Instrument Location Morganton DPS. INo. 008831 Morganton, NC
Instrument Seria	INO. 008831 Morganton, NC
The preventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the <u>9</u> day of <u>Section ber</u> , 20 <u>9</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 COLUMN STATE OF NO.	Signature of Certifying Official Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 09/09/2009

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Record Number: 621 Test Date: 09/09/2009 Test Time: 12:52pm EDT

System Check: Passed

Baseline Tests

Test	Sta <u></u> tus	Time
IR	Pass	12:52pm
FLO	Pass	12:52pm
FC	Pass	12:52pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GRA	HVILLE	Instrument Location _ <	DXFURD	PD
Instrument Seria	INO. <u>008923</u>	204 E. M. CLAN.	AHAN ST.	OXFURD, NC
The preventive n four months are:	naintenance procedures for the Int	oximeters, Model Intox EC	C/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		oholic breath sir	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 canis simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months or a	expiration date fter 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
procedures were	he <u>C'/</u> day of <u>SEP</u> performed on the instrument indicealth and Human Services, and the	cated above, in accordance	with current reg	ng preventive maintenance gulations of the N.C.
THE STATE OF N. O. ST	Simo Simo	O Anti-K		Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 09/04/2009

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:42pm 8:43pm 8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:45pm
AIR BLK	.00	8:46pm
SUB TEST	.00	8:48pm
AIR BLK	.00	8:49pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Record Number: 86 Test Date: 09/04/2009 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

Test	Status	Time
FC1	Pass	8:51pm
SRC	Pass	8:51pm
DET	Pass	8:51pm
BAŔ	Pass	8:51pm
BT	Pass	8:51pm

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
CAL	Pass	8:52pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	HALIFAX		Instrument	Location ROAA	lokic.	RAPIDS	PD
Instrume	nt Serial No	008635	1040	ROANOKÉ	AVR	ROANOK	E RAPIDS NC
The prev		nce procedures for the	Intoximeters, M	odel Intox EC/IR	II to be	followed at le	east once every
1.		he ethanol gas canister ees, plus or minus .2 d			ic breath	simulator th	ermometer shows
2.	Verify i	nstrument displays tim	e and date;				
3.	Initiate	breath test sequence;					
4.	Enter in	formation as prompted	l;				
5.	Verify i	nstrument accuracy;					
6.	When "	PLEASE BLOW" app	ears, collect br	eath sample;			
7.	When "	When "PLEASE BLOW" appears, collect breath sample;					
8.	Print tes	Print test record;					
9.	Verify I	Diagnostic Program; ar	nd				
10.	simulato	hat the ethanol gas can or solution is being cha ver occurs first.	nister is being cl unged every fou	hanged before exp r months or after	iration of	late, or the al- oholic Breath	coholic breath Simulator tests,
procedure	es were performe	day of SEA do n the instrument in Human Services, and	dicated above,	in accordance witl	h curren	going prevent t regulations (ive maintenance of the N.C.
HE GREAT CO.	STATE OF NO. 1775 NO.	Buta	o D Sr	nebb		63	3 mg
		Sig	nature of Certif	ving Official		Certific	até Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 09/02/2009

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:53pm 4:54pm
ACCY CHK	.08	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

.00/g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 509 Test Date: 09/02/2009 Test Time: 5:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:02pm
FLO	Pass	5:02pm
FC	Pass	5:02pm

Temperature Tests

Status	Time
Pass	5:02pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:03pm

5:03pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	HALIFAX	Instrument Location ROANOKI	
Instrument	: Serial No <i>008656</i>	10:10 ROANOKE AVE	RUANOKERAPIDS, N
The prever		he Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ster displays pressure, or the alcoholic brea 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	' ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Al	date, or the alcoholic breath decholic Breath Simulator tests,
procedures	were performed on the instrument	t indicated above, in accordance with currend the instrument is functioning properly.	ent regulations of the N.C.
SE S		Signature of Certifying Official	Certificate Number

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 09/02/2009

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:51pm 4:52pm 4:52pm 4:53pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 277
Test Date: 09/02/2009 Test Time: 4:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:59pm 4:59pm
FC	Pass	4:59pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_\square	RTHAMPTON Instrument Location NORTHAMPTON (O. SHERIFF'S DEPT
Instrument Seria	NO. 008607 105 W. JEFFERSON ST. JACKSON, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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>OQ</u> day of <u>SFPTEMBER</u> , 20 <u>O9</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 NO. 1715 NO.	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 09/02/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	3:52pm 3:53pm
ACCY CHK	.08	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 522 Test Date: 09/02/2009 Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
BT	Pass	4:01pm

Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:02pm 4:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Non:	THAMPTON	Instrun	nent Location NORTHAMP	ion Co.	SHERIFF'S DEPT
Instrument Seria	1 No. 008688	105	W. JEFFERSON	St	JACKSON, NC
The preventive r	naintenance procedures for the l	Intoximeters	, Model Intox EC/IR II to b	e follow	red at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			ath simul	lator thermometer shows
2.	Verify instrument displays time	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	i;			
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	nd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				
procedures were	he day of performed on the instrument in ealth and Human Services, and	dicated abov	e, in accordance with curre	ent regul	preventive maintenance ations of the N.C.
STATE OF MAN TO THE STATE	Sign	nature of Ce	Smith rtifying Official		637 Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 09/02/2009

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:51pm 3:52pm
ACCY CHK	.08	3:52pm
AIR BLK	.00	3:53pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:56pm
AIR BLK	.00	3:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 408 Test Date: 09/02/2009 Test Time: 3:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

	Time
FC1 Pass SRC Pass	3:59pm 3:59pm
SRC Pass DET Pass	3:59pm
BAR Pass BT Pass	3:59pm 3:59pm
DI FOSS	2.275

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:00pm

Pass

4:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAL	IFAY Instrument Location //ALIFAX Co. SHERIFF DEP
Instrument Seria	INO. 008695 FERRELL LN HALIFAX, 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.
	he <u>O</u> day of <u>SEPTEMBER</u> , 20 <u>O</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 QUANT WORLD THE PARTY WORD WORLD THE PARTY WORLD THE PARTY WORLD THE PARTY WORLD THE PARTY	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 09/02/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:44pm 2:45pm
ACCY CHK	.08	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:51pm

.00 /g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 446
Test Date: 09/02/2009 Test Time: 2:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm
	CRC Tests	
Test	Status	Time

Pass

Pass

2:53pm

2:53pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	Aynu	Instrument Location \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. Detention Co
Instrument Seri	ial No. 008649	2-7 E. Chust nut 55	, Goldsono, N
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 d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath si	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" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date ged every four months or after 125 Alcoho	
	e performed on the instrument indic	the forgoing properly.	ng preventive maintenance gulations of the N.C.
THE CATE OF THE STATE OF THE ST	COROLL Simons	a. A. Ussl	Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 09/09/2009

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: KEESLER, LINDA

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 SUB TEST	Pass .00 .08 .00 .00	1:18pm 1:19pm 1:20pm 1:20pm 1:21pm 1:22pm
AIR BLK	.00	1:25pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 1176
Test Date: 09/09/2009 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:28pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lagne	Instrument Location Wayne C	s. Denomin cente
Instrument Ser	rial No	2078. Chestait 55.	1 Goldsono, D.
The preventive four months as		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	er displays pressure, or the alcoholic breat degree centigrade;	h 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; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	inister is being changed before expiration analysed every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures we Department of	n the day of re performed on the instrument in Health and Human Services, and	the for ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance tregulations of the N.C.
STATE OF STA		LA (MC)	Certificate Number

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 09/09/2009

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: KEESLER, LINDA

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: AG902001 Exp Date: 01/20/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:21pm 1:22pm 1:22pm 1:23pm 1:24pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hild Keese

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 995
Test Date: 09/09/2009 Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:31pm
FLO	Pass	1:31pm
FC	Pass	1:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:31pm
SRC	Pass	1:31pm
DET	Pass	1:31pm
BAR	Pass	1:31pm
\mathtt{BT}	Pass	1:31pm

Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:32pm

Preventive Maintenance Status: Pass

Pass

CAL

Inich Keese
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Andolph Instrument Location ARChdale Police
Instrument S	erial No. 00879/ Department
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department c	on the
OF THE STATE OF TH	

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 09/09/2009

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

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

~/210I Time

Test	g/210L	Time
DIAG AIR BLK	Pass	1:03pm 1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:05pm
SUB TEST AIR BLK	.00 .00	1:06pm 1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 280 Test Date: 09/09/2009 Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

Printer Tests

Status

Time

Test

		-
PRNT	Pass	1:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:11pm 1:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	ilford Instrument Location UNC-Greens boro
Instrument Ser	ial No. 008604 Police Department
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 09/09/2009

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: DEAN, L K
Permit Number: 11598E
Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	11:54am
AIR BLK	.00	11:55am
ACCY CHK	.07	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 709 Test Date: 09/09/2009 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Time

Printer Tests

Status

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rakingham Instrument Location Eden Pelice
Instrumen	t Serial No. 008636 Department
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.
I certify the procedure: Department	at on the day of day of ep tember 20 the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
TO SE	Atswin Dear 642
	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 09/01/2009

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

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

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

Test	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.08	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 624
Test Date: 09/01/2009 Test Time: 3:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:24pm 3:24pm
FC	Pass	3:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:24pm
SRC	Pass	3:24pm
DET	Pass	3:24pm
BAR	Pass	3:24pm
BT	Pass	3:24pm

Blank Tests

Test	Status	Time
ΔTR	Dacc	3 • 25 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:25pm

Preventive Maintenance Status: Pass

Pass

3:25pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ro	ockingham	Instrument Location Rocking	MMCO. JAIL
Instrument Ser	rial No. <u>008796</u>	Instrument Location Rocking	th, N.C.
The preventive four months are		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breatl degree centigrade;	n simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		inister is being changed before expiration of annual every four months or after 125 Alc	
I certify that on procedures wer Department of	re performed on the instrument in	enfember, 20 9 the for ndicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S		gnature of Certifying Official	642 Certificate Number

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 09/01/2009

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: DEAN, L K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:29pm
AIR BLK	.00	2:30pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 09/01/2009

Test Record Number: 410 Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:36pm 2:36pm
FC	Pass	2:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass P a ss	2:37pm 2:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GL	instrument Location Greens bord Police
Instrument Seria	No. 008725 Department
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
SEE QUAM VORES	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 09/01/2009

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:36am 11:37am 11:38am 11:39am 11:39am 11:40am
AIR BLK	.00	11:43am

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 GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 890 Test Date: 09/01/2009 Test Time: 11:45am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

Preventive Maintenance Status: Pass

Pass

11:47am

CAL

Analyst Minter Properties Maintenance

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	ston Instrument Location Gaston County 50		
Instrument Seria	INO. 008881 425 N. Marietta Street, Gastonia		
	704-869-6800		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 91h day of September, 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 NAME OF STATE OF NAME OF STATE OF S	Signature of Certifying Official Certificate Number		

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Date: 09/09/2009

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881

Test Record Number: 268
Test Time: 12:51pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:52pm
SRC	Pass	12:52pm
DET	Pass	12:52pm
BAR	Pass	12:52pm
\mathtt{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

Test	Status	rime
COMP	Pass	12:53pm
CAL	Pass	12:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NEW HANOVER	Instrument Location NE 411	Lenoves Counc
Instrument S	Serial No	Sherik	4 Dept
The prevent four months		toximeters, Model Intox EC/IR II to be for	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 canis simulator solution is being chan, whichever occurs first.	ter is being changed before expiration da ged every four months or after 125 Alcol	ite, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures v Department	on theday ofday ofday ofday ofday ofday of Health and Human Services, and the	cated above, in accordance with current se instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STAR STAR OF S	2001	Lany Lulia uture of Certifying Official	Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 09/09/2009

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: 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: AG910501 Exp Date: 04/15/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:02am 11:03am 11:04am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
ATR BLK	.00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 1603 Test Date: 09/09/2009 Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:12am

Printer Tests

PRNT	Pass	11:12am
Test	Status	Time

CRC Tests

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

Preventive Maintenance Status: Pass

\nalyst'

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	NEW HANGVER Instrument Location CaroLina Beach
Instrumen	NEW HANGVER Instrument Location CaroLina Beach t Serial No. 3661 RELICE DEPT
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 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 th procedures Departmen	at on the day of
SE S	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 09/03/2009

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:12pm
AIR BLK	.00	6:13pm
ACCY CHK	.08	6:14pm
AIR BLK	.00	6:15pm
SUB TEST	.00	6:16pm
AIR BLK	.00	6:17pm
SUB TEST	.00	6:19pm
ATR BLK	0.0	6:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 677
Test Date: 09/03/2009 Test Time: 6:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	6:22pm

Printer Tests

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

COMP	Pass	6:22pm
CAL	Pass	6:22pm

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	EW HANOVER Instrument Location WRIGHTS VILLE GEACH
Instrument Se	erial No. 3661 Police Dept.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
STATE STATE OF THE STATE OF	

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 09/03/2009

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: 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: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:48pm 4:49pm 4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 401 Test Date: 09/03/2009 Test Time: 4:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:59pm
FLO	Pass	4:59pm
FC	Pass	4:59pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	mq00:2

Printer Tests

Test	Status	Time
PRNT	Pass	5:00pm

CRC Tests

Test	Status	Time
COMP	Pass	5:00pm
CAL	Pass	5:00pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $N\varepsilon$	WHANOVER Instrument Location NEW HANOVER COUNTY		
Instrument Seria	INO. 8626 Sheriklo Dept.		
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 I	the day of		
THE STATE OF A PARE 12 THE 12 THE PARE 12	Signature of Certifying Official Certificate Number		

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 09/03/2009

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 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: 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	2:43pm 2:44pm 2:45pm 2:46pm 2:47pm 2:48pm
SUB TEST	.00	2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 1597
Test Date: 09/03/2009 Test Time: 3:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:22pm CAL Pass 3:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE. 2	V Hanover Instrument Location NEW Hanvoves Coun		
Instrument Serial	No. S617 Sheriks Dept.		
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the procedures were Department of He	day of SESTEMBER 20 9 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.		
THE CHAMMEN A	Signature of Certifying Official Certificate Number		

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 09/03/2009

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: 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: AG910501 Exp Date: 04/15/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analýst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 944
Test Date: 09/03/2009 Test Time: 2:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

Blank Tests

Test	Status	Time
ΔTR	Pass	2:58pm

Printer Tests

Status

Test

CAL

Time

2:58pm

	200000	
PRNT	Pass	2:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:58pm

Preventive Maintenance Status: Pass

Pass

Anal∳st

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	NEW Harroyea Instrument Location 11/2 Marry Cont
Instrument	Serial No. 8628 / Shice Days.
	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months	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	t on theday of, 20, 20, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
VICTOR SECTION OF SEC	

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 WILMINGTON PD 640

Serial Number: 008628 Test Date: 09/03/2009

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: 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	Pass .00 .08	1:31pm 1:32pm 1:33pm 1:33pm
SUB TEST	.00	1:34pm
AIR BLK SUB TEST	.00 .00	1:35pm 1:37pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 923 Test Date: 09/03/2009 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
BT	Pass	1:40pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RUNSWICK Instrument Location BRUNSWICK COUNTS
Instrument Seria	al No. 8585 Shulls Dept.
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
THE CHAMNOS A	Signature of Certifying Official Certificate Number

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

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 09/03/2009

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: RIVERA, ANTHONY Permit Number: 08259E Effective: 12/01/2007-12/01/2009

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

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

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

.00 g/210L Reported AC:

Signature of Chémical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 1114
Test Date: 09/03/2009 Test Time: 12:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm 12:25pm
FLO	Pass	
FC	Pass	12:26pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

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

COMP Pass 12:27pm CAL Pass 12:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

عر	INTOXIMETERS, MODEL INTOXICE
County	PRUNSWICK Instrument Location PRUNSWICK COUNTY
Instrument Se	rial No. 8602 Sheriff Dipt.
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.
I certify that of procedures we Department of	on the day of
STATE CREATER OF THE	

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 09/03/2009

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: 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: AG902901 Exp Date: 01/29/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:03pm 12:04pm 12:04pm 12:05pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 747
Test Date: 09/03/2009 Test Time: 12:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	12:12pm

Printer Tests

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

12:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dupl-111 Instrument Location WALLINGE
Instrument Se	erial No. 8858 BLICE DESC.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ure:
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 day of
STATE STATE OF THE	SAN LAONS (MC 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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 09/01/2009

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

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

-- / 0.1 0.1

m2 --- -

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:51pm 12:52pm 12:52pm 12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 198
Test Date: 09/01/2009 Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
λΤΡ	Dagg	1 · 0 0 pm

Printer Tests

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

COMP Pass 1:00pm CAL Pass 1:00pm

Preventive Maintenance Status: Pass

Analýst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Uils	Instrument Location Disson (a Detention Center
Instrument Seria	1 No. 008652 100 E. Grama St., Wilson, 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.
	he S day of September, 20 9 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OT AN STATE OF A	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 09/08/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1038
Test Date: 09/08/2009 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wils	Instrument Location Wilson Co. Detention Center
Instrument Seria	INO. 008627 1006. Greene St., Wilson, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the day of ptember, 2007 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth 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	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 09/08/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:34am 10:35am
ACCY CHK	.08	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 704
Test Date: 09/08/2009 Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Status

Test

CAL

1000	Deacab	1 11110
PRNT	Pass	10:43am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44am

Time

10:44am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hyde	Instrument	Location Hyde Ca.	Sheriff's Office
Instrument S	Serial No. <u>008801</u>	1223 1	Main Sty Su	an Quarter, NC
	tive maintenance procedures for the			
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d			h simulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect bre	ath sample;	
7.	When "PLEASE BLOW" ap	pears, collect bre	ath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	whichever occurs first.	nister is being ch anged every four	anged before expiration months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures of Department	t on the day of were performed on the instrument in of Health and Human Services, and	idicated above, ii	accordance with curren	going preventive maintenance t regulations of the N.C.
STATE CIRE VI TO TO THE CIRE OF THE CIRE O	THE OF MORNING AND THE COMMENT OF TH	4M		643
	Sig	mature of Certify	ing Official	Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 09/03/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:33am 10:34am 10:34am 10:35am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

∕ JAnalyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 127
Test Date: 09/03/2009 Test Time: 10:41am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

'l'est	Status	Time
AIR	Pass	10:42am

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:42am

Pass

10:42am

Preventive Maintenance Status: Pass

CAL

Analyst/

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ne	ew HANDUER	Instrument Location UR; 7h	tsoulle Beach A.
Instrument Seri	al No. <u>00 8882</u>		
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	lisplays pressure, or the alcoholic br ree 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" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expirations of after 125 A	
I certify that on procedures wer Department of	the day of e performed on the instrument indic dealth and Human Services, and the	the cated above, in accordance with cure instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TO THE STATE OF TH		y E-Hall fure of Certifying Official	Certificate Number
	Signai	ture of Certifying Official	Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008882 Test Date: 09/02/2009

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: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

1:14pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

Analyst

Kany E-Holl

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008882 Test Record Number: 43 Test Date: 09/02/2009 Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:15pm
SRC	Pass	1:15pm
DET	Pass	1:15pm
BAR	Pass	1:15pm
\mathtt{BT}	Pass	1:15pm

Blank Tests

Test	Status	Time
ΔTR	Dagg	1.16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	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	Wilkes Co Count House		
Instrume	nt Serial No. <u>OO 8843</u>		
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedure	hat on the Say of September, 2009 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.		
SE CREAT GREAT GRE	TATE OF NORTH		
	Signature of Certifying Official Certificate Number		

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 09/08/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:05pm 2:06pm 2:06pm
AIR BLK SUB TEST	.00 .00	2:07pm 2:07pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

Reported AC: .00, g/210L

ignazure őf Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 435
Test Date: 09/08/2009 Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:12pm
FLO	Pass	2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
\mathtt{BT}	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:13pm
CAL	Pass	2:13pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County As	he Instrument Location Ashe & Jail
Instrument Seria	al No. <u>008849</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 <u>S</u> day of <u>Sc, 46.11, E1</u> , 20 <u>09</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/08/2009

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	3:30pm
AIR BLK	.00	3:31pm
ACCY CHK	.07	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC, مر و Reported AC, و Reported AC,

Signature of Chemical Analyst

Court CVR

Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 274
Test Date: 09/08/2009 Test Time: 3:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:37pm 3:37pm
FC	Pass	3:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:37pm
SRC	Pass	3:37pm
DET	Pass	3:37pm
BAR	Pass	3:37pm
\mathtt{BT}	Pass	3:37pm

Blank Tests

Test	Status	Time
AIR	Pass	3:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:38pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:38pm

Preventive Maintenance Status: Pass

Pass

3:38pm

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

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CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Alla	Shann Instrument Location Mechanica Co Joil
Instrument Seria	il No. <u>008890</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.
	the Say of Say Jorg , 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 NO. 1712 OF NO. 1	Signature of Certifying Official Certificate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/08/2009

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

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

Reported AC: .00 g/210L

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**

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ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 147 Test Date: 09/08/2009 Test Time: 4:46pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:46pm
SRC	Pass	4:46pm
DET	Pass	4:46pm
BAR	Pass	4:46pm
BT	Pass	4:46pm

Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

Printer Tests

Chabina Mima

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	ME Instrument Location SAT-Mobile Uni	<u>}</u>
Instrument Seria	ial No. 008869 K. 11 Devil H. 11	_
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	_
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	š,
I certify that on t procedures were Department of H	the	e;e
STATE OF NO. 100 STATE	Signature of Certifying Official Certificate Number	

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

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008869 Test Record Number: 189
Test Date: 09/04/2009 Test Time: 2:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:18am 2:18am
FC	Pass	2:19am

Temperature Tests

Test	Status	Time
FC1	Pass	2:19am
SRC	Pass	2:19am
DET	Pass	2:19am
BAR	Pass	2:19am
BT	Pass	2:19am

Blank Tests

Test	Status	Time
ΔTR	Pass	2.19am

Printer Tests

Test	Status	Time
PRNT	Pass	2:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:19am 2:19am

Preventive Maintenance Status: Pass

K. C. Moule
Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008869 Test Date: 09/04/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective: 02/01/2008-02/01/2010

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:11am 2:12am 2:12am
AIR BLK	.00	2:13am
SUB TEST AIR BLK	.00 .00	2:14am 2:15am
SUB TEST	.00	2:16am
AIR BLK	.00	2:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DARE	Instrument Location A	Mobile Unit
Instrument S	erial No. <u>008 8 98</u>	Kill Devi	Mobile amit
The prevention four months		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas co 34 degrees, plus or minu	anister displays pressure, or the alcoholic br as .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.		as canister is being changed before expirating changed every four months or after 125	
procedures w	ere performed on the instrum	ent indicated above, in accordance with cur s, and the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE CREAT OF THE C	AROUN L	C. Marke	601
		Signature of Certifying Official	Certificate Number

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008898 Test Record Number: 301 Test Date: 09/04/2009 Test Time: 12:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43am
FLO	Pass	12:43am
FC	Pass	12:43am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	12:43am 12:43am 12:43am 12:43am 12:43am
		== . 150

Blank Tests

Test	Status	Time
AIR	Pass	12:44am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008898 Test Date: 09/04/2009

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:50am 12:51am 12:52am 12:52am 12:53am
AIR B LK	.00	12:54am
SUB TEST	.00	12:55am
AIR BLK	.00	12:56am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

L. C. Moder

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	Instrument Location <u>BAT Mobile Unita</u> Serial No. <u>008898</u> <u>Holly Redge</u>
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE	CAROLINI CAR

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

Signature of Certifying Official

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Record Number: 307 Test Date: 09/04/2009 Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

Test

CAL

PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05pm

Status Time

10:05pm

Preventive Maintenance Status: Pass

Pass

K. C. Mayer

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 09/04/2009

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	9:57pm
AIR BLK	.00	9:57pm
ACCY CHK	.07	9:58pm
AIR BLK	.00	9:59pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:02pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location 647 Mobile and
Instrument S	erial No. 008869 Holly Rickye
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Record Number: 194 Test Date: 09/04/2009 Test Time: 9:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:44pm
FLO	Pass	9:44pm
FC	Pass	9:44pm

Temperature Tests

Status	Time
Pass	9:44pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:45pm 9:45pm

Preventive Maintenance Status: Pass

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 09/04/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:36pm 9:37pm 9:38pm 9:39pm 9:39pm 9:40pm
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

Signature of Certifying Official

Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 313 Test Date: 09/06/2009 Test Time: 12:08am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:08am
FLO	Pass	12:08am
FC	Pass	12:08am

Temperature Tests

Test	Status	Time
FC1	Pass	12:08am
SRC	Pass	12:08am
DET	Pass	12:08am
BAR	Pass	12:08am
BT	Pass	12:08am

Blank Tests

Test	Status	Time
AIR	Pass	12:09am

Printer Tests

Status

Test

CAL

Time

12:09am

PRNT	Pass	12:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:09am

Preventive Maintenance Status: Pass

Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 09/06/2009

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:01am 12:02am 12:02am 12:03am 12:04am 12:05am 12:06am
AIR BLK	.00	12:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Signature of Certifying Official

Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 196
Test Date: 09/06/2009 Test Time: 12:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:19am 12:19am
FC	Pass	12:19am 12:20am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20am

Printer Tests

Test	Status	Time
PRNT	Pass	12:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21am

Preventive Maintenance Status: Pass

Pass

12:21am

CAL

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 09/06/2009

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

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

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
02/01/2008-02/01/2010

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

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

Toct

10,50	9/2101	TIME
DIAG	Pass	12:10am
AIR BLK	.00	12:11am
ACCY CHK	.07	12:11am
AIR BLK	.00	12:12am
SUB TEST	.00	12:14am
AIR BLK	.00	12:15am
SUB TEST	.00	12:16am
AIR BLK	.00	12:17am

a/210I

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	herham Instrument Location BAT Mobile Unrit 4
Instrument S	erial No. <u>008871</u>
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of day of day of day of, 2009 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION OF THE STATIO	

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871 Test Record Number: 177
Test Date: 09/04/2009 Test Time: 8:15pm EDT

System Check: Passed

Baseline Tests

	us Time
IR Pass FLO Pass FC Pass	8:16pm 8:16pm 8:16pm

Temperature Tests

m
m
m
m
m

Blank Tests

Test	Status	Time
AIR	Pass	8:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:17pm 8:17pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008871 Test Date: 09/04/2009

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

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

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

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

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:07pm 8:08pm
ACCY CHK AIR BLK	.07 .00	mq80:8
SUB TEST	.00	8:10pm
AIR BLK	.00	8:10pm
SUB TEST	.00	8:12pm
AIR BLK	.00	8:13pm

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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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	urham Instrument Location BAT Mobile Unit 4
Instrument S	erial No. <u>008734</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
NAME OF THE STATE	Signature of Certifying Official Certificate Number

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734 Test Date: 09/04/2009

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	8:08pm 8:09pm 8:10pm 8:11pm 8:12pm 8:13pm 8:14pm
TIV DIIV	.00	O.T.Pu

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734 Test Record Number: 288
Test Date: 09/04/2009 Test Time: 8:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:17pm
FLO	Pass	8:17pm
FC	Pass	8:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:17pm
SRC	Pass	8:17pm
DET	Pass	8:17pm
BAR	Pass	8:17pm
BT	Pass	8:17pm

Blank Tests

Test	Status	Time
AIR	Pass	8:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:18pm 8:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Gaston Instrument Location Gaston County 50
Instrument S	Gerial No. 008684 425 N. Marietta Street, Gastonia 704-869-6800
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 1744 day of September, 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.
TOTAL STATE OF THE	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 09/17/2009

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:

12/01/2007-12/01/2009

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

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

.../010T Ed...

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 914
Test Date: 09/17/2009 Test Time: 2:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:46pm
FLO	Pass	2:46pm
FC	Pass	2:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:46pm
SRC	Pass	2:46pm
DET	Pass	2:46pm
BAR	Pass	2:46pm
BT	Pass	2:46pm

Blank Tests

Test	Status	Time
AIR	Pass	2:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:47pm

Preventive Maintenance Status: Pass

Pass

CAL

2:47pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	Instrument Location Gaston County SD
Instrument Seria	11 No. 008706 425 N. Marietta Street, Gastonia
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 174 day of Septem ber, 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	Gregh & Huttins 650

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 09/17/2009

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
ATR RIK	0.0	2 · 26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Test Record Number: 807 Serial Number: 008706

Test Date: 09/17/2009 Test Time: 2:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

2:28pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	aston	Instrument Location Belmont	PD
Instrument Ser	rial No. <u>008 733</u>	201 Chronicle Street, 704-825-3792	Belmont
The preventive four months ar	_	oximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath s ree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration dat ged every four months or after 125 Alcoh	
procedures we	re performed on the instrument indic	ember, 20 <u>07</u> the forgo cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	CAROLINIA STATE OF THE STATE OF	Mins.	650
	Ciona	turn of Cortifuing Official	Cartificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 09/17/2009

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	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

Analys

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 285 Test Date: 09/17/2009 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

Temperature Tests

Status	Time
Pass	1:38pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

1:39pm

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:39pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Un	
Instrument Seri	al No. 008876 3344 Presson Road Monroe
	704-283-3770
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 <u>loth</u> day of <u>September</u> , 20 <u>09</u> 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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 09/16/2009

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: HUTCHINSON, JOSEPH E Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:13pm 12:14pm 12:14pm 12:15pm
SUB TEST AIR BLK	.00	12:15pm 12:16pm 12:17pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm

Reported AC; .00 g/210L

nature 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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 758
Test Date: 09/16/2009 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:21pm
FLO	Pass	12:21pm
FC	Pass	12:22pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:22pm 12:22pm
DET	Pass	12:22pm
BAR	Pass	12:22pm
BT	Pass	12:22pm

Blank Tests

Test	Status	Time
AIR	Pass	12:22pm

Printer Tests

Status

Time

Test

PRNT	Pass	12:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:23pm 12:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Un	Instrument Location Union County 5D
Instrument Seria	al No. 008866 3344 Presson Road, Monroe
	704-283-3770
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.
l certify that on procedures were Department of I	the 16th day of September, 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.
APRIL 12. TITLE OF A STATE OF A S	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 09/16/2009

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: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 477
Test Date: 09/16/2009 Test Time: 12:20pm 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	12:21pm

Printer Tests

Status

Test

Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cal	Sarrus Instrument Location Kannapolis PD
Instrument Seri	al No. 008589 314 S. Main Street, Kannapolis 704-920-4000
The preventive	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 1 4 day of September, 2009 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF NAME OF THE STATE OF THE STA	Signature of Certifying Official Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 09/11/2009

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

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

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

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

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:52pm 12:53pm 12:54pm 12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm
SUB TEST	.00	12:57pm
ATR BLK	. 0.0	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 769
Test Date: 09/11/2009 Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:00pm
SRC	Pass	1:00pm
DET	Pass	1:00pm
BAR	Pass	1:00pm
\mathtt{BT}	Pass	1:00pm

Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	Instrument Location Challes Co. Public Sally C
Instrument Serial	NO. DOSK95 305 IN. VREEMAN 55, Edward N.C.
The preventive marginal four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
-	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on th procedures were p Department of He	e day of day of 2000 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly.
THE STATE OF NO. 17 TO AND THE STATE OF NO. 17 T	Signature of Certifying Official Certificate Number

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 09/11/2009

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	12:37pm 12:38pm
ACCY CHK	.07	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 193
Test Date: 09/11/2009 Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
${f BT}$	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

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

Preventive Maintenance Status: Pass

Finish Ruse
Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pender 1	nstrument Location	lender County	
Instrument	nt Serial No. <u>008946</u>	5 HexiFF'S	OFFice	
The preven	entive maintenance procedures for the Intoxi	meters, Model Intox E	C/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		coholic breath simulator thermometer shows	
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears,	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
I certify the procedures Departmen	nat on the 28 day of 5 exemples were performed on the instrument indicate nt of Health and Human Services, and the in	d above, in accordance strument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.	
THE GREAT SE		E Ha La	Certificate Number	

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

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 09/28/2009

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: HALL, RANDY E
Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 508
Test Date: 09/28/2009 Test Time: 2:11pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
$\mathtt{B}\mathbf{T}$	Pass	2:11pm

Blank Tests

Test	Status	Time
ATR	Pass	2:12pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 621	ATVILE Instrument Loca	tion	CREEL.) HWR	P.A	
Instrument Serial	al No. 008641 111 MASUN	16 Si	<u> 7. </u>	atti no	or,	ال
The preventive m four months are:	maintenance procedures for the Intoximeters, Model	ntox EC	/IR II to b	pe followed at	t least once	ечегу
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alco	holic brea	ath simulator	thermomet	er 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 change simulator solution is being changed every four monwhichever occurs first.					
I certify that on the procedures were procedures were properties to the procedure of Herman and the procedure of the procedur	theday of	, 20 <u>Ø</u> ordance v	the fowith currently.	orgoing preve ent regulation	ntive main s of the N.0	tenance C.
TEST CHAMMEN TO THE STATE OF TH	Signature of Certifying C	\mathcal{I}		65.	g)	
	Signature of Certifying (Official		Certif	icate Numb	ber

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 09/04/2009

Citation Number: M0000000-0 Subject's Name: SIMULATOR, SOLUTION Subject's Date of Birth: 11/11/1911

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .13	11:19am 11:20am 11:21am 11:21am 11:22am 11:23am
SUB TEST	.13	11:25am
AIR BLK	.00	11:26am

Reported AC: .13 g/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 455 Test Date: 09/04/2009 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:28am

Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:29am 11:29am

Preventive Maintenance Status: Pass

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M_{i7}	Instrument Location Spice Pine P.D.
Instrument Ser	rial No. 008726 Instrument Location Spice Pine, P.D. Spice Pine, 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.
l certify that or procedures we Department of	n the
THE CHANGE OF THE 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.

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 09/14/2009

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:17pm 3:18pm 3:19pm
AIR BLK SUB TEST	.00 .00	3:19pm 3:20pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 217 Test Date: 09/14/2009 Test Time: 3:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

Temperature Tests

Test Status Time	
FC1 Pass 3:25p	ρm
SRC Pass 3:25p	mc
DET Pass 3:25p	ρm
BAR Pass 3:25p	ρm
BT Pass 3:25p	om

Blank Tests

Test	Status	Time
AIR	Pass	3:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:26pm

Preventive Maintenance Status: Pass

Pass

3:26pm

CAL