

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 HIGH POINT, NC

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

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

I certify that on the 25 day of APRIL, 20 08 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.



Alvin Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

HIGH POINT BAT MOBILE UNIT 3 401

Serial Number: 008616
Test Date: 04/25/2008

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

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

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

Lot Number: AG722601-19
Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:45pm |
| AIR BLK | .00 | 11:46pm |
| ACCY CHK | .08 | 11:47pm |
| AIR BLK | .00 | 11:47pm |
| SUB TEST | .00 | 11:48pm |
| AIR BLK | .00 | 11:49pm |
| SUB TEST | .00 | 11:50pm |
| AIR BLK | .00 | 11:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

HIGH POINT BAT MOBILE UNIT 3 401

Serial Number: 008616 Test Record Number: 208
Test Date: 04/25/2008 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 | 11:53pm |
| SRC | Pass | 11:53pm |
| DET | Pass | 11:53pm |
| BAR | Pass | 11:53pm |
| BT | Pass | 11:53pm |

Blank Tests

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

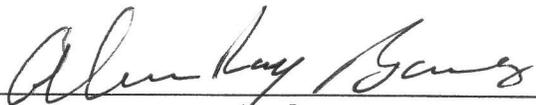
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 HIGH POINT, NC

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

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

I certify that on the 25 day of APRIL, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Buss
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

HIGH POINT BAT MOBILE UNIT 3 401

Serial Number: 008647
Test Date: 04/25/2008

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

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

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

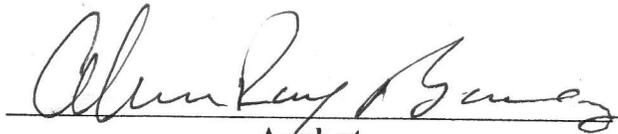
Lot Number: AG722602-09
Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:29pm |
| AIR BLK | .00 | 11:29pm |
| ACCY CHK | .08 | 11:30pm |
| AIR BLK | .00 | 11:31pm |
| SUB TEST | .00 | 11:31pm |
| AIR BLK | .00 | 11:32pm |
| SUB TEST | .00 | 11:34pm |
| AIR BLK | .00 | 11:35pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

HIGH POINT BAT MOBILE UNIT 3 401

Serial Number: 008647 Test Record Number: 227
Test Date: 04/25/2008 Test Time: 11:36pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:36pm |
| FLO | Pass | 11:36pm |
| FC | Pass | 11:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:36pm |
| SRC | Pass | 11:36pm |
| DET | Pass | 11:36pm |
| BAR | Pass | 11:36pm |
| BT | Pass | 11:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:37pm |

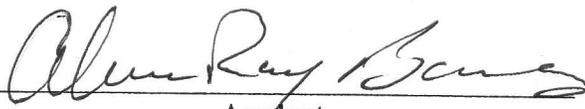
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:37pm |
| CAL | Pass | 11:37pm |

Preventive Maintenance
Status: Pass


Analyst

BAT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CATAWBA Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 HICKORY, NC

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

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

I certify that on the 19 day of APRIL, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Alan Ray Boney
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008616
Test Date: 04/19/2008

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

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

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

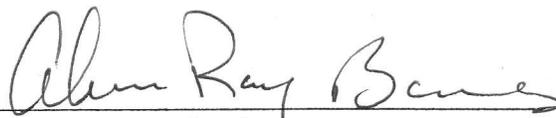
Lot Number: AG722601-19
Exp Date: 08/13/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008616 Test Record Number: 200
Test Date: 04/19/2008 Test Time: 12:26am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:27am |
| FLO | Pass | 12:27am |
| FC | Pass | 12:27am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:27am |
| SRC | Pass | 12:27am |
| DET | Pass | 12:27am |
| BAR | Pass | 12:27am |
| BT | Pass | 12:27am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:27am |

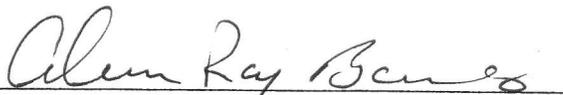
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:27am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:28am |
| CAL | Pass | 12:28am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROCKINGHAM Instrument Location BATMOBILE UNIT 3
Instrument Serial No. 008616 REIDSVILLE, NC

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

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

I certify that on the 11 day of APRIL, 20 08 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.



Alvin Ray Bantz
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY BAT MOBILE UNIT 3

780

Serial Number: 008616

Test Date: 04/11/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722601-19

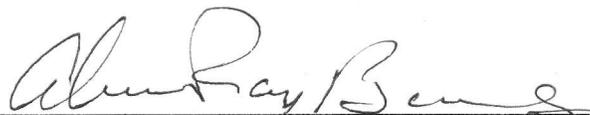
Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:50pm |
| AIR BLK | .00 | 10:51pm |
| ACCY CHK | .08 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| SUB TEST | .00 | 10:52pm |
| AIR BLK | .00 | 10:53pm |
| SUB TEST | .00 | 10:55pm |
| AIR BLK | .00 | 10:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008616 Test Record Number: 197
Test Date: 04/11/2008 Test Time: 10:57pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:58pm |

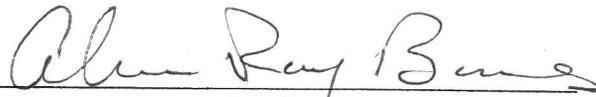
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:58pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

1581

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CATAWBA Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008647 HICKORY, NC

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

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

I certify that on the 19 day of APRIL, 2008 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.



Allen Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008647
Test Date: 04/19/2008

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

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

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

Lot Number: AG722602-09
Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 12:04am |
| AIR BLK | .00 | 12:04am |
| ACCY CHK | .08 | 12:05am |
| AIR BLK | .00 | 12:06am |
| SUB TEST | .00 | 12:06am |
| AIR BLK | .00 | 12:07am |
| SUB TEST | .00 | 12:09am |
| AIR BLK | .00 | 12:09am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

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

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY BAT MOBILE UNIT 3 170

Serial Number: 008647 Test Record Number: 219
Test Date: 04/19/2008 Test Time: 12:11am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:12am |

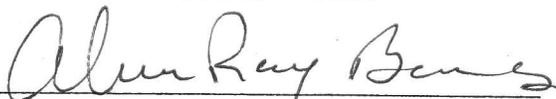
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:12am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:13am |
| CAL | Pass | 12:13am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

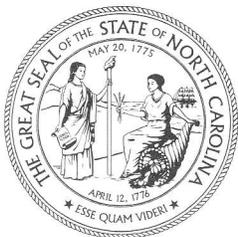
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROCKINGHAM Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008647 REIDSVILLE, NC

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

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

I certify that on the 11 day of APRIL, 20 08 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.



Albert Ray Bandy 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.

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY BAT MOBILE UNIT 3
780

Serial Number: 008647
Test Date: 04/11/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602-09

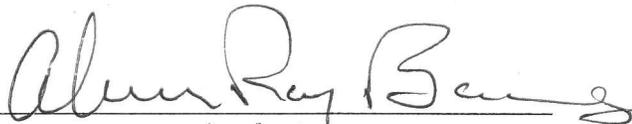
Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:34pm |
| AIR BLK | .00 | 10:34pm |
| ACCY CHK | .08 | 10:35pm |
| AIR BLK | .00 | 10:36pm |
| SUB TEST | .00 | 10:36pm |
| AIR BLK | .00 | 10:37pm |
| SUB TEST | .00 | 10:38pm |
| AIR BLK | .00 | 10:39pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008647 Test Record Number: 212
Test Date: 04/11/2008 Test Time: 10:41pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:41pm |
| FLO | Pass | 10:41pm |
| FC | Pass | 10:41pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:41pm |
| SRC | Pass | 10:41pm |
| DET | Pass | 10:41pm |
| BAR | Pass | 10:41pm |
| BT | Pass | 10:41pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:42pm |

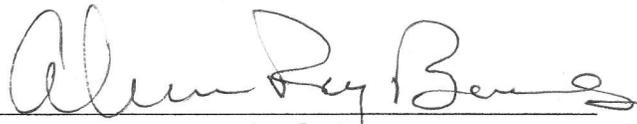
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:42pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:42pm |
| CAL | Pass | 10:42pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ROCKINGHAM Instrument Location Eden P.D.

Instrument Serial No. 008636 Eden, N.C.

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

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

I certify that on the 7th day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636
Test Date: 04/07/2008

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

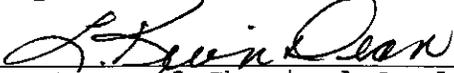
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722701-07
Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:44pm |
| AIR BLK | .00 | 2:45pm |
| ACCY CHK | .07 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| SUB TEST | .00 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| SUB TEST | .00 | 2:49pm |
| AIR BLK | .00 | 2:50pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 392
Test Date: 04/07/2008 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 |

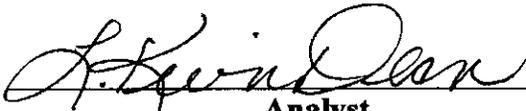
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:53pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:53pm |
| CAL | Pass | 2:53pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

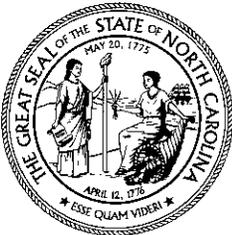
County Rockingham Instrument Location Reidsville P.D.

Instrument Serial No. 008784 Reidsville, N.C.

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

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

I certify that on the 7th day of April, 2008 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.



J. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 04/07/2008

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

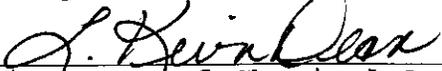
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601-07
Exp Date: 08/13/2009

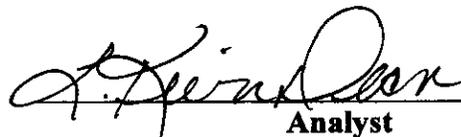
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:53am |
| AIR BLK | .00 | 11:54am |
| ACCY CHK | .08 | 11:54am |
| AIR BLK | .00 | 11:55am |
| SUB TEST | .00 | 11:55am |
| AIR BLK | .00 | 11:56am |
| SUB TEST | .00 | 11:58am |
| AIR BLK | .00 | 11:59am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 41
Test Date: 04/07/2008 Test Time: 12:02pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:02pm |
| FLO | Pass | 12:02pm |
| FC | Pass | 12:02pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 12:02pm |
| SRC | Pass | 12:02pm |
| DET | Pass | 12:02pm |
| BAR | Pass | 12:02pm |
| BT | Pass | 12:02pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:03pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:03pm |
| CAL | Pass | 12:03pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

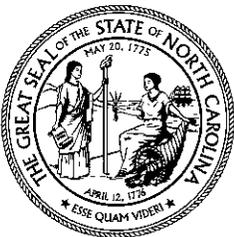
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County ROCKINGHAM Instrument Location Madison PD
Instrument Serial No. 008802 Madison, N.C.

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

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

I certify that on the 7th day of April, 2008 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.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802
Test Date: 04/07/2008

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

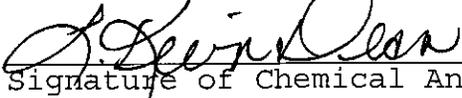
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

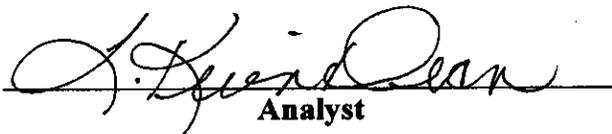
Lot Number: AG722701-23
Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:28pm |
| AIR BLK | .00 | 6:29pm |
| ACCY CHK | .08 | 6:29pm |
| AIR BLK | .00 | 6:30pm |
| SUB TEST | .00 | 6:30pm |
| AIR BLK | .00 | 6:31pm |
| SUB TEST | .00 | 6:33pm |
| AIR BLK | .00 | 6:34pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 43
Test Date: 04/07/2008 Test Time: 6:35pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:36pm |
| FLO | Pass | 6:36pm |
| FC | Pass | 6:36pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:36pm |
| SRC | Pass | 6:36pm |
| DET | Pass | 6:36pm |
| BAR | Pass | 6:36pm |
| BT | Pass | 6:36pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:37pm |

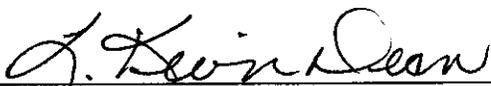
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:37pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 6:37pm |
| CAL | Pass | 6:37pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

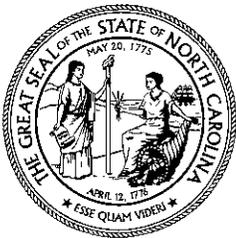
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Rockingham Instrument Location Rockingham Co Jail
Instrument Serial No. 008796 Wentworth, N.C.

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

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

I certify that on the 7th day of April, 20 08 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.



L. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL
780

Serial Number: 008796
Test Date: 04/07/2008

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

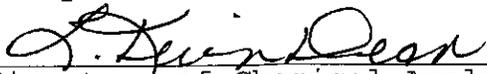
Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:
12/01/2007-12/01/2009

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

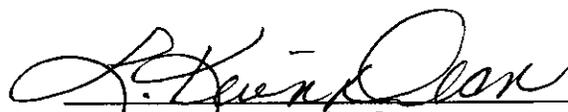
Lot Number: AG722701-21
Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 4:50pm |
| AIR BLK | .00 | 4:51pm |
| ACCY CHK | .08 | 4:51pm |
| AIR BLK | .00 | 4:52pm |
| SUB TEST | .00 | 4:53pm |
| AIR BLK | .00 | 4:54pm |
| SUB TEST | .00 | 4:55pm |
| AIR BLK | .00 | 4:56pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 49
Test Date: 04/07/2008 Test Time: 4:58pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:58pm |
| FLO | Pass | 4:58pm |
| 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 | 4:59pm |

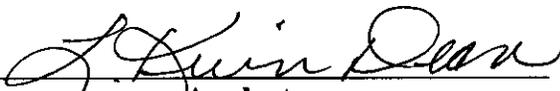
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:59pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:00pm |
| CAL | Pass | 5:00pm |

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**

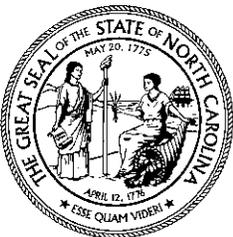
County CHATHAM Instrument Location PITTSBORO POLICE

Instrument Serial No. 008591 DEPT. PITTSBORO NC

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

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

I certify that on the 10 day of APRIL, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

371
Certificate Number

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

Intox EC/IR-II: Subject Test

CHATHAM PITTSBORO PD 180

Serial Number: 008591
Test Date: 04/10/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

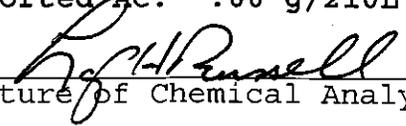
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:20pm |
| AIR BLK | .00 | 7:21pm |
| ACCY CHK | .07 | 7:22pm |
| AIR BLK | .00 | 7:22pm |
| SUB TEST | .00 | 7:23pm |
| AIR BLK | .00 | 7:24pm |
| SUB TEST | .00 | 7:25pm |
| AIR BLK | .00 | 7:26pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 63
Test Date: 04/10/2008 Test Time: 7:28pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:28pm |
| FLO | Pass | 7:28pm |
| FC | Pass | 7:28pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:29pm |

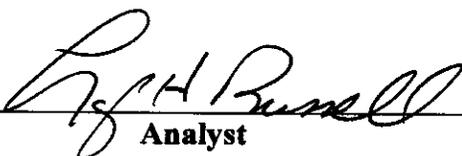
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:29pm |
| CAL | Pass | 7:29pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

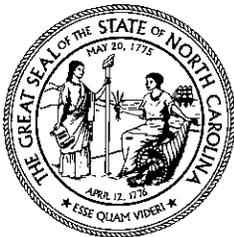
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County CHATHAM Instrument Location SILER CITY P.D.
Instrument Serial No. 008811 SILER CITY NC

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

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

I certify that on the 10 day of APRIL, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



R. H. Russell
Signature of Certifying Official

371
Certificate Number

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

Intox EC/IR-II: Subject Test

CHATHAM SILER CITY PD. 180

Serial Number: 008811

Test Date: 04/10/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

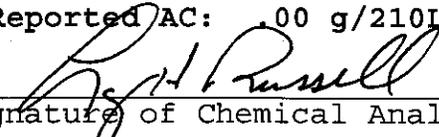
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:39pm |
| AIR BLK | .00 | 3:39pm |
| ACCY CHK | .08 | 3:40pm |
| AIR BLK | .00 | 3:41pm |
| SUB TEST | .00 | 3:41pm |
| AIR BLK | .00 | 3:42pm |
| SUB TEST | .00 | 3:44pm |
| AIR BLK | .00 | 3:45pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CHATHAM SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 52
Test Date: 04/10/2008 Test Time: 3:47pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:47pm |
| FLO | Pass | 3:47pm |
| FC | Pass | 3:48pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:48pm |
| SRC | Pass | 3:48pm |
| DET | Pass | 3:48pm |
| BAR | Pass | 3:48pm |
| BT | Pass | 3:48pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:48pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:48pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:49pm |
| CAL | Pass | 3:49pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

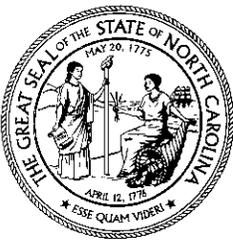
County HYDE Instrument Location HYDE CO. S.E. DEKASOKE

Instrument Serial No. 008797 NC 12, DEKASOKE, N.C.

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

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

I certify that on the 9th day of APRIL, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

697
Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797

Test Date: 04/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG722701

Exp Date: 08/14/2009

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

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO OCRACoke 470

Serial Number: 008797 Test Record Number: 47
Test Date: 04/09/2008 Test Time: 3:39pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:40pm |
| FLO | Pass | 3:40pm |
| FC | Pass | 3:40pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:40pm |
| SRC | Pass | 3:40pm |
| DET | Pass | 3:40pm |
| BAR | Pass | 3:40pm |
| BT | Pass | 3:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:40pm |

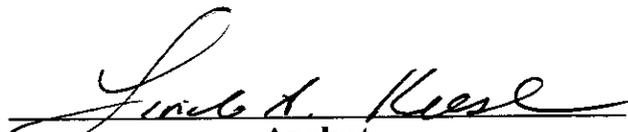
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:40pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:41pm |
| CAL | Pass | 3:41pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DARE Instrument Location DARE CO. S.O. HATTERAS
Instrument Serial No. 008807 110 MONITOR TRAIL, HATTERAS, N.C.

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

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

I certify that on the 18th day of April, 20 08 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.



John A. Keel
Signature of Certifying Official

647
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 04/18/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

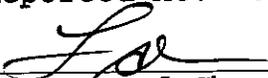
Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

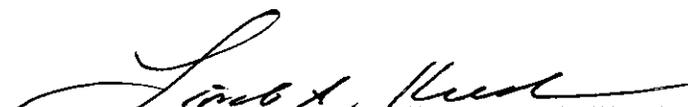
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:25pm |
| AIR BLK | .00 | 1:26pm |
| ACCY CHK | .07 | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| SUB TEST | .00 | 1:28pm |
| AIR BLK | .00 | 1:29pm |
| SUB TEST | .00 | 1:30pm |
| AIR BLK | .00 | 1:31pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 42
Test Date: 04/18/2008 Test Time: 1:32pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:33pm |
| FLO | Pass | 1:33pm |
| FC | Pass | 1:33pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:33pm |
| SRC | Pass | 1:33pm |
| DET | Pass | 1:33pm |
| BAR | Pass | 1:33pm |
| BT | Pass | 1:33pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:34pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:34pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:34pm |
| CAL | Pass | 1:34pm |

Preventive Maintenance
Status: Pass



Analyst

2AB

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SWAIN

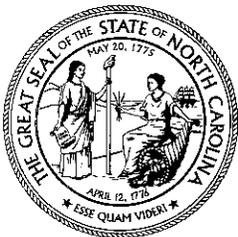
Instrument Location BAT mobile UNIT 4

Instrument Serial No. 008734

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

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

I certify that on the 26th day of April, 2008 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.



Samuel Tinsell se
Signature of Certifying Official

057
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008734 Test Record Number: 68
Test Date: 04/26/2008 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 |
| BAR | Pass | 8:51pm |
| BT | Pass | 8:51pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:52pm |

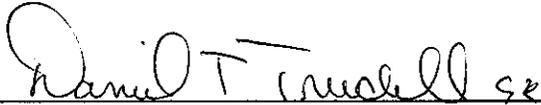
Printer Tests

| 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

Intox EC/IR-II: Subject Test

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008734

Test Date: 04/26/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722501

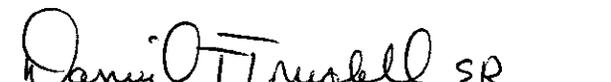
Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:43pm |
| AIR BLK | .00 | 8:44pm |
| ACCY CHK | .07 | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| SUB TEST | .00 | 8:46pm |
| 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

LAD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Swain

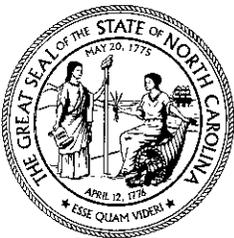
Instrument Location BAT mobile unit 4

Instrument Serial No. CO2734

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

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

I certify that on the 25th day of April, 2008 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.



Charles T. Truitt
Signature of Certifying Official

601
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008734 Test Record Number: 65
Test Date: 04/25/2008 Test Time: 6:16pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:17pm |

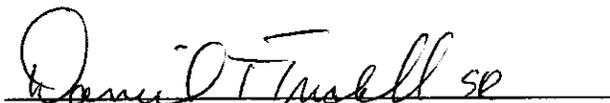
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 6:17pm |

CRC Tests

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

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008734
Test Date: 04/25/2008

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 6:07pm |
| AIR BLK | .00 | 6:08pm |
| ACCY CHK | .07 | 6:09pm |
| AIR BLK | .00 | 6:10pm |
| SUB TEST | .00 | 6:10pm |
| AIR BLK | .00 | 6:11pm |
| SUB TEST | .00 | 6:13pm |
| AIR BLK | .00 | 6:13pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

LAB

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SWAIN

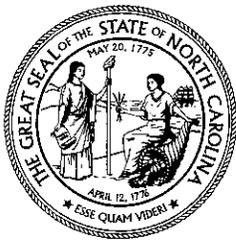
Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008717

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

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

I certify that on the 26th day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Daniel T. ... SR
Signature of Certifying Official

651
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008717 Test Record Number: 50
Test Date: 04/26/2008 Test Time: 9:21pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:21pm |
| FLO | Pass | 9:21pm |
| FC | Pass | 9:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:21pm |
| SRC | Pass | 9:21pm |
| DET | Pass | 9:21pm |
| BAR | Pass | 9:21pm |
| BT | Pass | 9:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:22pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 9:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:22pm |
| CAL | Pass | 9:22pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008717
Test Date: 04/26/2008

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
12/01/2007-12/01/2009

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

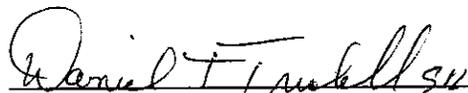
Lot Number: AG723401
Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 9:12pm |
| AIR BLK | .00 | 9:13pm |
| ACCY CHK | .07 | 9:14pm |
| AIR BLK | .00 | 9:15pm |
| SUB TEST | .00 | 9:15pm |
| AIR BLK | .00 | 9:16pm |
| SUB TEST | .00 | 9:18pm |
| AIR BLK | .00 | 9:18pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

LAB

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

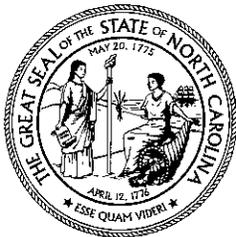
County Swain Instrument Location BAT mobile unit 4

Instrument Serial No. 008717

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

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

I certify that on the 25th day of April, 20 08 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.



Robert T. Tambell SR
Signature of Certifying Official

051
Certificate Number

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

Intox EC/IR-II: Preventive Maintenance

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008717 Test Record Number: 47
Test Date: 04/25/2008 Test Time: 7:18pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:18pm |
| FLO | Pass | 7:18pm |
| FC | Pass | 7:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:18pm |
| SRC | Pass | 7:18pm |
| DET | Pass | 7:18pm |
| BAR | Pass | 7:18pm |
| BT | Pass | 7:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:19pm |
| CAL | Pass | 7:19pm |

Preventive Maintenance
Status: Pass


Analyst

Intox EC/IR-II: Subject Test

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008717
Test Date: 04/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:10pm |
| AIR BLK | .00 | 7:11pm |
| ACCY CHK | .07 | 7:11pm |
| AIR BLK | .00 | 7:12pm |
| SUB TEST | .00 | 7:12pm |
| AIR BLK | .00 | 7:13pm |
| SUB TEST | .00 | 7:15pm |
| AIR BLK | .00 | 7:16pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

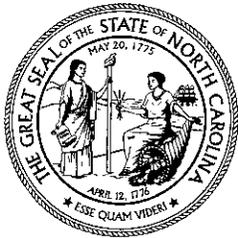
County WAKE Instrument Location CCBI

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

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

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

I certify that on the 22 day of APRIL, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

652
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008686

Test Date: 04/22/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

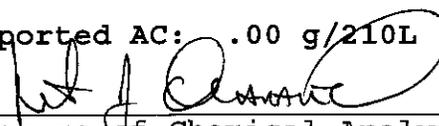
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:23pm |
| AIR BLK | .00 | 7:24pm |
| ACCY CHK | .07 | 7:24pm |
| AIR BLK | .00 | 7:25pm |
| SUB TEST | .00 | 7:26pm |
| AIR BLK | .00 | 7:27pm |
| SUB TEST | .00 | 7:28pm |
| AIR BLK | .00 | 7:29pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 332
Test Date: 04/22/2008 Test Time: 7:31pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:31pm |
| FLO | Pass | 7:31pm |
| FC | Pass | 7:32pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:32pm |
| SRC | Pass | 7:32pm |
| DET | Pass | 7:32pm |
| BAR | Pass | 7:32pm |
| BT | Pass | 7:32pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:32pm |

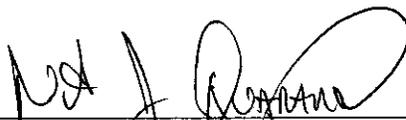
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:32pm |
| CAL | Pass | 7:32pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location CCBI

Instrument Serial No. 008826 330 S SALISBURY ST, RALEIGH NC

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

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

I certify that on the 22 day of APRIL, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

658
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008826
Test Date: 04/22/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name:

QUARANTELLA, NICHOLAS J

Permit Number: 21536E

Effective:

01/01/2008-01/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

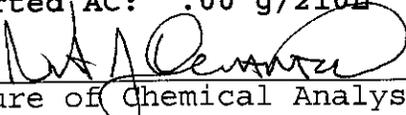
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

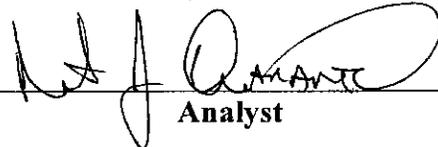
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:22pm |
| AIR BLK | .00 | 8:23pm |
| ACCY CHK | .07 | 8:23pm |
| AIR BLK | .00 | 8:24pm |
| SUB TEST | .00 | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| SUB TEST | .00 | 8:27pm |
| AIR BLK | .00 | 8:28pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 63
Test Date: 04/22/2008 Test Time: 8:31pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:32pm |

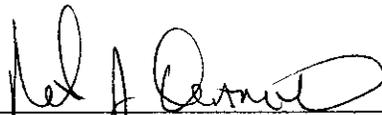
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:32pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:32pm |
| CAL | Pass | 8:32pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location CCBI

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

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

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

I certify that on the 22 day of April, 20 08 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.



Bob A. Smith

Signature of Certifying Official

637

Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910

Serial Number: 008615

Test Date: 04/22/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

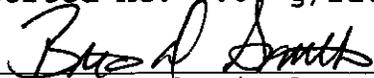
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 8:22pm |
| AIR BLK | .00 | 8:23pm |
| ACCY CHK | .07 | 8:23pm |
| AIR BLK | .00 | 8:24pm |
| SUB TEST | .00 | 8:24pm |
| AIR BLK | .00 | 8:25pm |
| SUB TEST | .00 | 8:27pm |
| AIR BLK | .00 | 8:28pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 278
Test Date: 04/22/2008 Test Time: 8:29pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 8:29pm |
| FLO | Pass | 8:29pm |
| FC | Pass | 8:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 8:30pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 8:30pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 8:30pm |
| CAL | Pass | 8:30pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

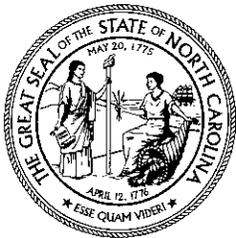
County WAKE Instrument Location CCBI

Instrument Serial No. 008816 330 S. SALISBURY ST. RALEIGH, NC

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

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

I certify that on the 22 day of APRIL, 20 08 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.



Bruce D. Smith

Signature of Certifying Official

637

Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CCBI 910 *BOB*

Serial Number: 008816
Test Date: 04/22/2008

Citation Number: M0000000-0 *300*

Subject's Name:

PREVENTIVE, MAINTENANCE *BOB*

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

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

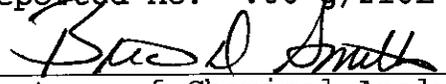
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 7:13pm |
| AIR BLK | .00 | 7:14pm |
| ACCY CHK | .07 | 7:14pm |
| AIR BLK | .00 | 7:15pm |
| SUB TEST | .00 | 7:16pm |
| AIR BLK | .00 | 7:17pm |
| SUB TEST | .00 | 7:18pm |
| AIR BLK | .00 | 7:19pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 54
Test Date: 04/22/2008 Test Time: 7:21pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:21pm |
| FLO | Pass | 7:21pm |
| FC | Pass | 7:21pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:21pm |
| SRC | Pass | 7:21pm |
| DET | Pass | 7:21pm |
| BAR | Pass | 7:21pm |
| BT | Pass | 7:21pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 7:22pm |

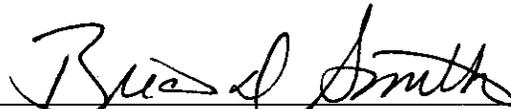
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 7:22pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 7:22pm |
| CAL | Pass | 7:22pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

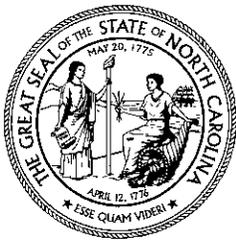
County WAKE Instrument Location CARY PD

Instrument Serial No. 008587 120 WILKINSON AVE CARY, NC

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

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

I certify that on the 21 day of APRIL, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bud S. Smith
Signature of Certifying Official

637
Certificate Number

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

Intox EC/IR-II: Subject Test

WAKE COUNTY CARY PD 910

Serial Number: 008587
Test Date: 04/21/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

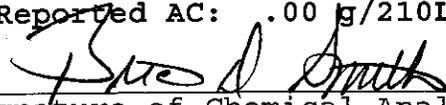
Test Type: Breath Test

Lot Number: AG723401

Exp Date: 08/21/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:10pm |
| AIR BLK | .00 | 5:11pm |
| ACCY CHK | .07 | 5:11pm |
| AIR BLK | .00 | 5:12pm |
| SUB TEST | .00 | 5:13pm |
| AIR BLK | .00 | 5:14pm |
| SUB TEST | .00 | 5:15pm |
| AIR BLK | .00 | 5:16pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 489
Test Date: 04/21/2008 Test Time: 5:17pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:18pm |
| FLO | Pass | 5:18pm |
| FC | Pass | 5:18pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:18pm |
| SRC | Pass | 5:18pm |
| DET | Pass | 5:18pm |
| BAR | Pass | 5:18pm |
| BT | Pass | 5:18pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:19pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:19pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:19pm |
| CAL | Pass | 5:19pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Hickory PD

Instrument Serial No. 008841 347 2nd Ave SW, Hickory
828-324-2060

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

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

I certify that on the 18th day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph Butler
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841
Test Date: 04/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

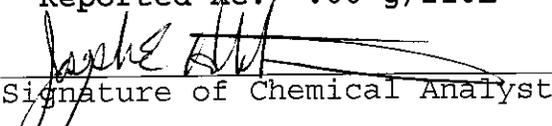
Test Type: Breath Test

Lot Number: AG723302

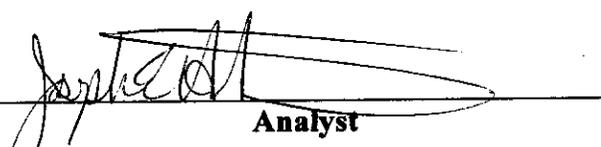
Exp Date: 08/20/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 5:21pm |
| AIR BLK | .00 | 5:21pm |
| ACCY CHK | .07 | 5:22pm |
| AIR BLK | .00 | 5:23pm |
| SUB TEST | .00 | 5:23pm |
| AIR BLK | .00 | 5:24pm |
| SUB TEST | .00 | 5:25pm |
| AIR BLK | .00 | 5:26pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 60
Test Date: 04/18/2008 Test Time: 5:27pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:28pm |
| FLO | Pass | 5:28pm |
| FC | Pass | 5:28pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:28pm |
| SRC | Pass | 5:28pm |
| DET | Pass | 5:28pm |
| BAR | Pass | 5:28pm |
| BT | Pass | 5:28pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 5:29pm |

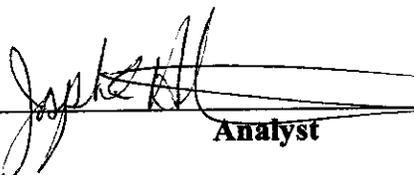
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:29pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:29pm |
| CAL | Pass | 5:29pm |

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**

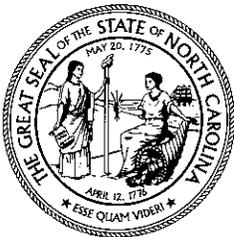
County Forsyth Instrument Location Kernersville P.D.

Instrument Serial No. 008650

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

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

I certify that on the 23 day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

632
Certificate Number

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

Intox EC/IR-II: Subject Test

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Date: 04/23/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

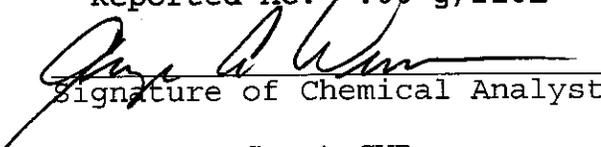
Test Type: Breath Test

Lot Number: AG722501-07

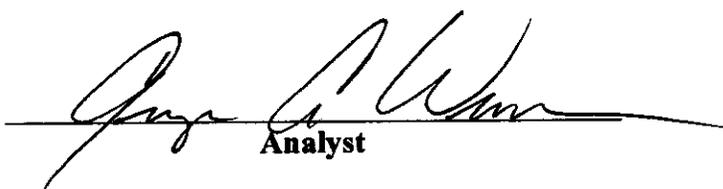
Exp Date: 08/12/2009

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 167

Test Date: 04/23/2008 Test Time: 12:00pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:01pm |

Printer Tests

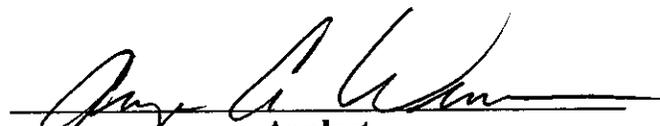
| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:01pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:01pm |
| CAL | Pass | 12:01pm |

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**

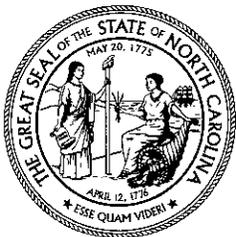
County Hyde Instrument Location Hyde Co Sheriff's Office

Instrument Serial No. 008801 1223 Main St, Swan Quarter, NC

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

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

I certify that on the 9th day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly S. Sward
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801
Test Date: 04/09/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

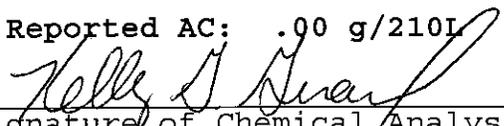
Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

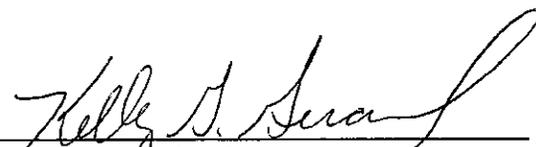
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 10:46am |
| AIR BLK | .00 | 10:46am |
| ACCY CHK | .08 | 10:47am |
| AIR BLK | .00 | 10:48am |
| SUB TEST | .00 | 10:48am |
| AIR BLK | .00 | 10:49am |
| SUB TEST | .00 | 10:51am |
| AIR BLK | .00 | 10:51am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 43
Test Date: 04/09/2008 Test Time: 10:53am EDT

System Check: *Passed*

Baseline Tests

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

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 | 10:54am |

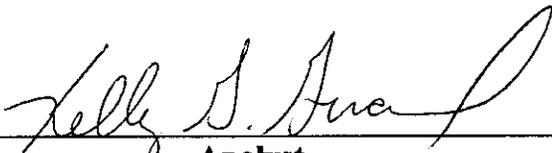
Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:54am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:54am |
| CAL | Pass | 10:54am |

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 Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. 008783 1041 Driftwood Dr, Manteo, N.C.

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

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

I certify that on the 18th day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783
Test Date: 04/18/2008

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

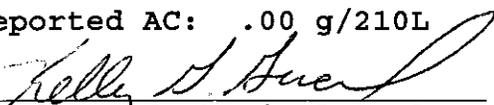
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

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

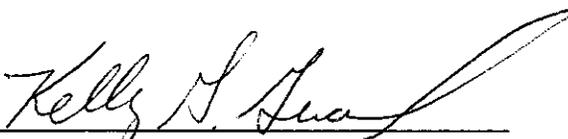
| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:03am |
| AIR BLK | .00 | 11:04am |
| ACCY CHK | .07 | 11:04am |
| AIR BLK | .00 | 11:05am |
| SUB TEST | .00 | 11:05am |
| AIR BLK | .00 | 11:06am |
| SUB TEST | .00 | 11:08am |
| AIR BLK | .00 | 11:09am |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 46
Test Date: 04/18/2008 Test Time: 11:10am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

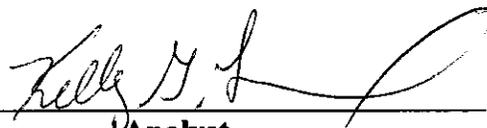
Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. 008804 1049 Driftwood Dr., Manteo, N.C.

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

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

I certify that on the 18th day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly S. Sward
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804
Test Date: 04/18/2008

Citation Number: M0000000-0
Subject's Name:

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

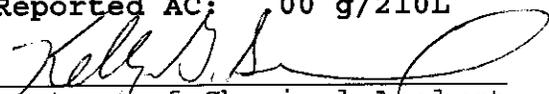
Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
12/01/2007-12/01/2009

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

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

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

Reported AC: 00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 43
Test Date: 04/18/2008 Test Time: 11:12am EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:13am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:13am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

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 Dare Instrument Location Kill Devil Hills P.D.
Instrument Serial No. 008844 102 Town Hall Dr., Kill Devil Hills, NC.

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

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

I certify that on the 18th day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Kelly A. Seaward
Signature of Certifying Official

643
Certificate Number

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

Intox EC/IR-II: Subject Test

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
Test Date: 04/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

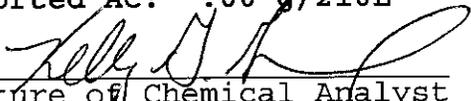
Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

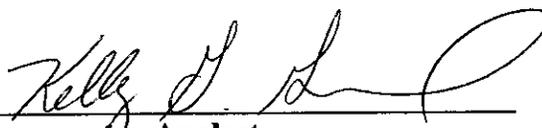
| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:43pm |
| AIR BLK | .00 | 1:44pm |
| ACCY CHK | .08 | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| SUB TEST | .00 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 51
Test Date: 04/18/2008 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 |

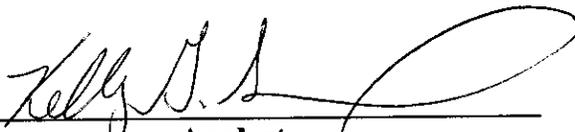
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:52pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:52pm |
| CAL | Pass | 1:52pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008618 Franklin, NC

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

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

I certify that on the 7 day of April, 2008 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.



David R. Cuthbert
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618
Test Date: 04/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: NC

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722701

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:56pm |
| AIR BLK | .00 | 3:57pm |
| ACCY CHK | .08 | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| SUB TEST | .00 | 3:59pm |
| AIR BLK | .00 | 4:00pm |
| SUB TEST | .00 | 4:01pm |
| AIR BLK | .00 | 4:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 314
Test Date: 04/07/2008 Test Time: 4:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:03pm |
| FLO | Pass | 4:03pm |
| FC | Pass | 4:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:03pm |
| SRC | Pass | 4:03pm |
| DET | Pass | 4:03pm |
| BAR | Pass | 4:03pm |
| BT | Pass | 4:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:04pm |

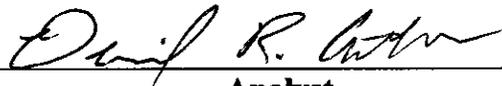
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:04pm |
| CAL | Pass | 4:04pm |

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**

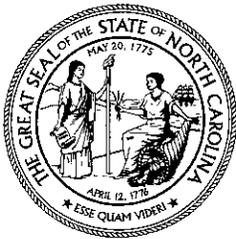
County Macon Instrument Location Macon Co. Jail

Instrument Serial No. 008789 Franklin, NC

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

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

I certify that on the 7 day of April, 2008 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.



David R. Cuthbert
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789
Test Date: 04/07/2008

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

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

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:57pm |
| AIR BLK | .00 | 3:57pm |
| ACCY CHK | .08 | 3:58pm |
| AIR BLK | .00 | 3:59pm |
| SUB TEST | .00 | 3:59pm |
| AIR BLK | .00 | 4:00pm |
| SUB TEST | .00 | 4:01pm |
| AIR BLK | .00 | 4:02pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 39
Test Date: 04/07/2008 Test Time: 4:03pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:03pm |
| FLO | Pass | 4:03pm |
| FC | Pass | 4:03pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:03pm |
| SRC | Pass | 4:03pm |
| DET | Pass | 4:03pm |
| BAR | Pass | 4:03pm |
| BT | Pass | 4:03pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:04pm |

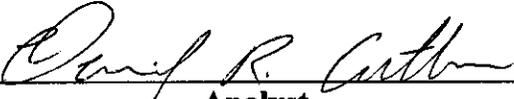
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:04pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:04pm |
| CAL | Pass | 4:04pm |

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**

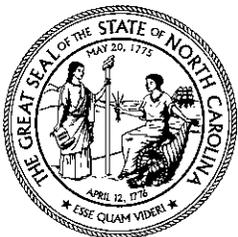
County Macon Instrument Location Macon Co. Mag.

Instrument Serial No. 008795 Highlands, N.C.

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

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

I certify that on the 7 day of April, 2008 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.



David R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795
Test Date: 04/07/2008

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

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

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

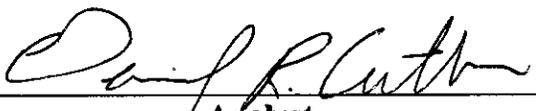
Lot Number: AG722802
Exp Date: 08/15/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 39
Test Date: 04/07/2008 Test Time: 1:42pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:43pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:43pm |

CRC Tests

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

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Clay Instrument Location Clay Co. Jail

Instrument Serial No. 008608 Hayesville, NC

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

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

I certify that on the 18 day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Paul R. Cutler
Signature of Certifying Official

635
Certificate Number

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

Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608
Test Date: 04/18/2008

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

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

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

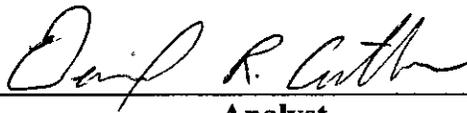
Lot Number: AG722701
Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 2:19pm |
| AIR BLK | .00 | 2:20pm |
| ACCY CHK | .08 | 2:20pm |
| AIR BLK | .00 | 2:21pm |
| SUB TEST | .00 | 2:21pm |
| AIR BLK | .00 | 2:22pm |
| SUB TEST | .00 | 2:24pm |
| AIR BLK | .00 | 2:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Record Number: 499
Test Date: 04/18/2008 Test Time: 2:26pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:26pm |
| FLO | Pass | 2:26pm |
| FC | Pass | 2:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:26pm |
| SRC | Pass | 2:26pm |
| DET | Pass | 2:26pm |
| BAR | Pass | 2:26pm |
| BT | Pass | 2:26pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:27pm |

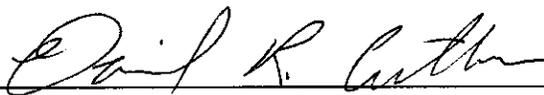
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:27pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:27pm |
| CAL | Pass | 2:27pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

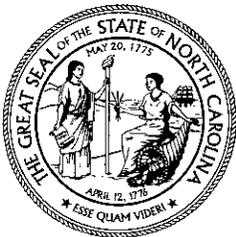
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County BRUNSWICK Instrument Location Oak Island
Instrument Serial No. 8648 Police Dept.

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

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

I certify that on the 10 day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Anthony Rivera 634
Signature of Certifying Official Certificate Number

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

Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648
Test Date: 04/10/2008

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

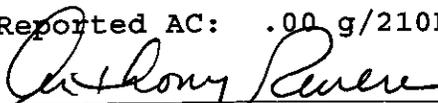
Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 1:11pm |
| AIR BLK | .00 | 1:12pm |
| ACCY CHK | .07 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| SUB TEST | .00 | 1:14pm |
| AIR BLK | .00 | 1:15pm |
| SUB TEST | .00 | 1:17pm |
| AIR BLK | .00 | 1:18pm |

Reported AC: .00 g/210L



Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 377
Test Date: 04/10/2008 Test Time: 1:20pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:20pm |
| FLO | Pass | 1:20pm |
| FC | Pass | 1:20pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:21pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:21pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:21pm |
| CAL | Pass | 1:21pm |

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**

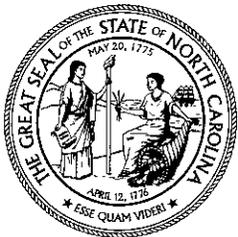
County Lincoln Instrument Location Lincoln Co. S.D.

Instrument Serial No. 008823 700 John Howell Men. Dr. Lincoln
704-732-9020

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

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

I certify that on the 29 day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY LINCOLN COUNTY SD 540

Serial Number: 008823
Test Date: 04/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG723302
Exp Date: 08/20/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 11:00am |
| AIR BLK | .00 | 11:01am |
| ACCY CHK | .08 | 11:01am |
| AIR BLK | .00 | 11:02am |
| SUB TEST | .00 | 11:02am |
| AIR BLK | .00 | 11:03am |
| SUB TEST | .00 | 11:05am |
| AIR BLK | .00 | 11:06am |

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY LINCOLN COUNTY SD 540

Serial Number: 008823 Test Record Number: 56
Test Date: 04/29/2008 Test Time: 11:08am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:09am |
| FLO | Pass | 11:09am |
| FC | Pass | 11:09am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:09am |
| SRC | Pass | 11:09am |
| DET | Pass | 11:09am |
| BAR | Pass | 11:09am |
| BT | Pass | 11:09am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:09am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:09am |

CRC Tests

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

Preventive Maintenance
Status: Pass

Bobby D. Willis

Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

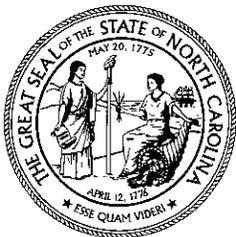
County Lincoln Instrument Location Lincoln Co. S. D.

Instrument Serial No. 008827 700 John Howell Men. Dr. Lincolnton
704-732-9030

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

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

I certify that on the 29 day of April, 20 08 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Bobby D. Willis
Signature of Certifying Official

557
Certificate Number

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

Intox EC/IR-II: Subject Test

LINCOLN COUNTY LINCOLN COUNTY SD 540

Serial Number: 008827
Test Date: 04/29/2008

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG723302
Exp Date: 08/20/2009

| Test | g/210L | Time |
|-----------------|------------|----------------|
| DIAG | Pass | 9:56am |
| AIR BLK | .00 | 9:57am |
| ACCY CHK | .08 | 9:57am |
| AIR BLK | .00 | 9:58am |
| SUB TEST | .00 | 9:59am |
| AIR BLK | .00 | 10:00am |
| SUB TEST | .00 | 10:01am |
| AIR BLK | .00 | 10:03am |

Reported AC: .00 g/210L

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
Analyst

Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY LINCOLN COUNTY SD 540

Serial Number: 008827 Test Record Number: 63
Test Date: 04/29/2008 Test Time: 10:05am EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:05am |
| FLO | Pass | 10:05am |
| FC | Pass | 10:06am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:06am |
| SRC | Pass | 10:06am |
| DET | Pass | 10:06am |
| BAR | Pass | 10:06am |
| BT | Pass | 10:06am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:06am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:06am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:07am |
| CAL | Pass | 10:07am |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

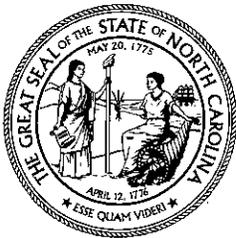
**PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II**

County Caldwell Instrument Location Caldwell Co Jail
Instrument Serial No. 008803 Lenoir, NC

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

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

I certify that on the 9 day of April, 2009 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803
Test Date: 04/09/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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: AG722802
Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:46pm |
| AIR BLK | .00 | 3:47pm |
| ACCY CHK | .08 | 3:47pm |
| AIR BLK | .00 | 3:48pm |
| SUB TEST | .00 | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| SUB TEST | .00 | 3:51pm |
| AIR BLK | .00 | 3:52pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 45
Test Date: 04/09/2008 Test Time: 3:53pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:55pm |
| CAL | Pass | 3:55pm |

Preventive Maintenance
Status: Pass


Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

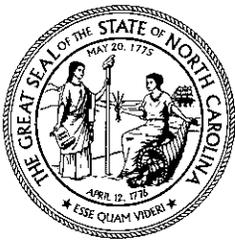
County Caldwell Instrument Location Caldwell Co. Jail

Instrument Serial No. 008719 Lenoir, NC

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

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

I certify that on the 9 day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



[Signature]
Signature of Certifying Official

649
Certificate Number

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

Intox EC/IR-II: Subject Test

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719
Test Date: 04/09/2008

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

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

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

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

| Test | g/210L | Time |
|-----------------|------------|---------------|
| DIAG | Pass | 3:47pm |
| AIR BLK | .00 | 3:48pm |
| ACCY CHK | .08 | 3:48pm |
| AIR BLK | .00 | 3:49pm |
| SUB TEST | .00 | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| SUB TEST | .00 | 3:52pm |
| AIR BLK | .00 | 3:53pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



Analyst

Intox EC/IR-II: Preventive Maintenance

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 99
Test Date: 04/09/2008 Test Time: 3:54pm EDT

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:55pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:55pm |
| CAL | Pass | 3:55pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Catawba Instrument Location Catawba County SD

Instrument Serial No. 008821 100 B Southwest Blvd, Newton
828-464-5241

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

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

I certify that on the 18th day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph E. Etalik
Signature of Certifying Official

650
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821
Test Date: 04/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

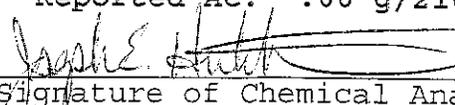
Test Type: Breath Test

Lot Number: AG723302

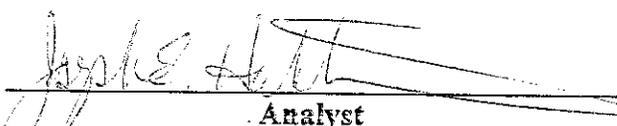
Exp Date: 08/20/2009

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

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 47
Test Date: 04/18/2008 Test Time: 3:39pm EDT

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:39pm |
| FLO | Pass | 3:39pm |
| FC | Pass | 3:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:40pm |
| SRC | Pass | 3:40pm |
| DET | Pass | 3:40pm |
| BAR | Pass | 3:40pm |
| BT | Pass | 3:40pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:40pm |

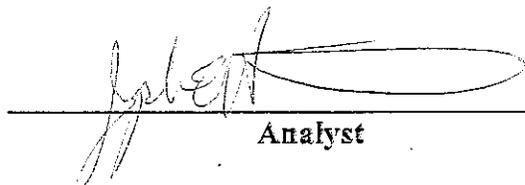
Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:40pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:40pm |
| CAL | Pass | 3:40pm |

Preventive Maintenance
Status: Pass



Analyst

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

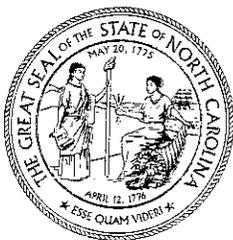
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Catawba Instrument Location Catawba County SD
Instrument Serial No. 008687 100 B. Southwest Blvd, Newton
828-464-5241

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

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

I certify that on the 18th day of April, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Joseph S. Etalata
Signature of Certifying Official

654
Certificate Number

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

Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687
Test Date: 04/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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

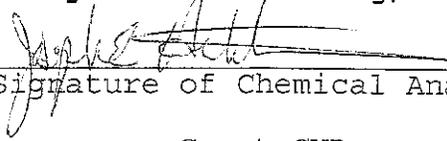
Test Type: Breath Test

Lot Number: AG723302

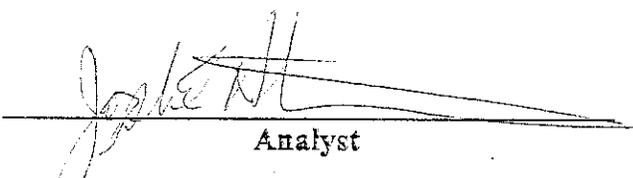
Exp Date: 08/20/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:44pm |
| AIR BLK | .00 | 2:44pm |
| ACCY CHK | .08 | 2:45pm |
| AIR BLK | .00 | 2:46pm |
| SUB TEST | .00 | 2:46pm |
| AIR BLK | .00 | 2:47pm |
| SUB TEST | .00 | 2:49pm |
| AIR BLK | .00 | 2:50pm |

Reported AC: .00 g/210L


Signature of Chemical Analyst

Court CVR


Analyst

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 222
Test Date: 04/18/2008 Test Time: 2:53pm EDT

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 2:54pm |
| FLO | Pass | 2:54pm |
| FC | Pass | 2:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 2:54pm |
| SRC | Pass | 2:54pm |
| DET | Pass | 2:54pm |
| BAR | Pass | 2:54pm |
| BT | Pass | 2:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:54pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 2:54pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:55pm |
| CAL | Pass | 2:55pm |

Preventive Maintenance
Status: Pass



Analyst