PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTUATIVIETERS, MODEL 2 |
|------------------------------|--|
| County | ECKLENBURG Instrument Location BAT MOBILE UNIT 3 |
| Instrument Se | erial No. 008616 CHARLOTTE, NC |
| The preventive four months a | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | at on the |
| GREAT SEA | ATE OF MODIFIED CAROLINA CAROL |
| * ESSE QU | (l) lu lug (g = g = g = g = g = g = g = g = g = |
| | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 02/07/2008

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

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

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

| Test | g/210L | Time |
|--|---------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 | 11:30pm 11:31pm 11:31pm 11:32pm 11:33pm |
| AIR BLK | .00 | 11:34pm |
| SUB TEST | .00 | 11:35pm |
| AIR BLK | .00 | 11:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 02/07/2008 Test Record Number: 172

Test Time: 11:38pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:38pm |
| FLO | Pass | 11:38pm |
| FC | Pass | 11:39pm |

Temperature Tests

| Test Status Tim | |
|--|--------------------------------------|
| SRC Pass 11: DET Pass 11: BAR Pass 11: | 39pm 39pm 39pm 39pm 39pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:39pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:39pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:40pm |
| CAL | Pass | 11:40pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | 11 OXIMETERS, MODEL INTOX ECTION |
|--|--|
| County_ | NECKLENBURG Instrument Location BAT MOBILE UNIT 3 |
| Instrume | Serial No. 008647 CHARLOTTE, NC |
| The prev | rive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every stare: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedur | t on theday of, 20 |
| HIT GREAT SECTION OF S | ROLLING TO THE PARTY OF THE PAR |
| | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 02/07/2008

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 .00 | 10:36pm 10:37pm 10:37pm 10:38pm 10:39pm 10:40pm |
| SUB TEST | .00 | 10:41pm |
| AIR BLK | .00 | 10:42pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 02/07/2008 Test Record Number: 180
Test Time: 10:44pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 10:44pm 10:44pm |
| FC | Pass | 10:44pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 10:44pm 10:44pm 10:44pm 10:44pm 10:44pm |
| | | 1 |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:45pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:45pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:45pm |
| CAL | Pass | 10:45pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | COMBERIAND | Instrument Location Com | |
|-----------|--|--|--|
| Instrumen | t Serial No. <u>608614</u> | DETENTION CTR., | FAYETTEULE NO |
| The preve | ntive maintenance procedures for the l | Intoximeters, Model Intox EC/IR II | to be followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | breath simulator thermometer show |
| 2. | Verify instrument displays tim | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | 1; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; ar | nd | |
| 10. | | nister is being changed before expira anged every four months or after 12 | ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| procedure | nat on the <u>O</u> / day of <u>F</u> f s were performed on the instrument in nt of Health and Human Services, and | dicated above, in/accordance with o | current regulations of the N.C. |
| CARLAY S. | TATE OF A CO. | mature of Certifying Official | 37/ Certificate Number |

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 02/01/2008

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: AG723301 Exp Date: 08/20/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:19pm |
| AIR BLK | .000 | 5:19pm |
| ACCY CHK | .080 | 5:20pm |
| AIR BLK | .000 | 5:21pm |
| SUB TEST | .000 | 5:21pm |
| AIR BLK | .000 | 5:22pm |
| SUB TEST | .000 | 5:24pm |
| AIR BLK | .000 | 5:25pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy

North Carolina Department of Health and Human Services • Division of Public Health • Chronic Disease and Injury Section • Forensic Tests for Alcohol Branch • DHHS 4082 (12/07)

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Record Number: 196
Test Date: 02/01/2008 Test Time: 4:42pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:43pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | HECKLENBUEG Instrument Location BAT MOBILE UNIT 3 |
|---|--|
| Instrument Se | erial No. 008616 CHARLUTTE, NC |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| I _{ic} | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first. |
| | on the |
| TANTE IN CHEAT OF THE PARTY OF | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 02/07/2008

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 11:30pm |
| AIR BLK | .00 | 11:31pm |
| ACCY CHK | .08 | 11:31pm |
| AIR BLK | .00 | 11:32pm |
| SUB TEST | .00 | 11:33pm |
| AIR BLK | .00 | 11:34pm |
| SUB TEST | .00 | 11:35pm |
| AIR BLK | .00 | 11:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 172 Test Date: 02/07/2008 Test Time: 11:38pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:38pm |
| FLO | Pass | 11:38pm |
| FC | Pass | 11:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:39pm |
| SRC | Pass | 11:39pm |
| DET | Pass | 11:39pm |
| BAR | Pass | 11:39pm |
| BT | Pass | 11:39pm |

Blank Tests

| Test | Status | Time | |
|------|--------|---------|--|
| AIR | Pass | 11:39pm | |

Printer Tests

| Test | Status | Time |
|------|-----------|-----------------|
| PRNT | Pass | 11:39pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 11:40pm |
| CAL | Pass | $11 \cdot 400m$ |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County $\Lambda^{l_{\epsilon,k}}$ | MINION Instrument Location NOTO Phinister Country |
|-----------------------------------|---|
| Instrument Serial | No. 1617 Sant. Dort |
| The preventive m four months are: | aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9, | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures were | day of <u>/2////</u> , 20 <u>()</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly. |
| STATE OF NO. | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 02/29/2008

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: 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: AG722701 Exp Date: 08/14/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:04pm |
| AIR BLK | .00 | 4:04pm |
| ACCY CHK | .08 | 4:05pm |
| AIR BLK | .00 | 4:06pm |
| SUB TEST | .00 | 4:06pm |
| AIR BLK | .00 | 4:07pm |
| SUB TEST | .00 | 4:09pm |
| AIR BLK | . 00 | 4:09pm |

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 174
Test Date: 02/29/2008 Test Time: 4:10pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:11pm |
| FLO | Pass | 4:11pm |
| FC | Pass | 4:11pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:11pm |
| SRC | Pass | 4:11pm |
| DET | Pass | 4:11pm |
| BAR | Pass | 4:11pm |
| BT | Pass | 4:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|----------|
| ATR | Pass | 4 - 12pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:12pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 4:12pm |
| CAL | Pass | 4:12pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_A/A | Property & | Instrument Location_ | We strain | e : |
|--|---|----------------------------|---|---------------------|
| Instrument Seria | 1 No | 4 | 2 16 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | in the second |
| The preventive n | naintenance procedures for the Int | oximeters, Model Intox I | EC/IR II to be followed | at least once every |
| \mathbf{l}_{w} | Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg | | Icoholic breath simulato | r thermometer show |
| 2. | Verify instrument displays time | and date; | | |
| 3. | Initiate breath test sequence; | | | |
| 4. | Enter information as prompted; | | | |
| 5. | Verify instrument accuracy; | | | |
| 6. | When "PLEASE BLOW" appea | ars, collect breath sample | Š a | |
| 7. | When "PLEASE BLOW" appear | ars, collect breath sample | \$ 2 | |
| 8. | Print test record; | | | |
| 9. | Verify Diagnostic Program; and | | | |
| 10. | Verify that the ethanol gas canis simulator solution is being chang whichever occurs first. | | | |
| procedures were | the day of | cated above, in accordance | ce with current regulatio | |
| OT THE TANK OF THE OWN THE TANK OF THE OWN THE TANK OF THE OWN THE OWN THE TANK OF THE OWN THE TANK OF THE OWN | OF THE CAROLINA AND AND AND AND AND AND AND AND AND A | Tring Kinda | f | Fa Syl |

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 02/29/2008

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: 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: AG722601 Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 4:35pm |
| AIR BLK | .00 | 4:36pm |
| ACCY CHK | .08 | 4:37pm |
| AIR BLK | .00 | 4:38pm |
| SUB TEST | .00 | 4:38pm |
| AIR BLK | .00 | 4:39pm |
| SUB TEST | .00 | 4:41pm |
| ATR BLK | . 00 | 4:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 149
Test Date: 02/29/2008 Test Time: 4:42pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:43pm |
| FLO | Pass | 4:43pm |
| FC | Pass | 4:43pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:43pm |
| SRC | Pass | 4:43pm |
| DET | Pass | 4:43pm |
| BAR | Pass | 4:43pm |
| BT | Pass | 4:43pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:44pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:44pm |
| | CRC Tests | |

| Status | Time |
|--------|--------|
| Pass | 4:44pm |
| Pass | 4:44pm |
| | |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | CUMBERLAND Instrument Location CUMBERLAND Co. |
|-----------|--|
| Instrumen | nt Serial No. 00 8632 DeTENTION CTR. FAYETTEVELE NO |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are: |
| 1_{c} | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | that on the <u>0</u> / day of <u>FEBRUARY</u> , 20 <u>08</u> the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly. |
| ORENT SET | Signature of Certificial Certificate Number |

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 02/01/2008

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: AG722801 Exp Date: 08/15/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 3:35pm |
| AIR BLK | .00 | 3:35pm |
| ACCY CHK | .07 | 3:36pm |
| AIR BLK | .00 | 3:37pm |
| SUB TEST | .00 | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| SUB TEST | .00 | 3:40pm |
| AIR BLK | .00 | 3:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy

North Carolina Department of Health and Human Services • Division of Public Health • Chronic Disease and Injury Section • Forensic Tests for Alcohol Branch • DHHS 4082 (12/07)

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Record Number: 51 Test Date: 02/01/2008 Test Time: 3:29pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:29pm |
| FLO | Pass | 3:29pm |
| FC | Pass | 3:29pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:29pm |
| SRC | Pass | 3:29pm |
| DET | Pass | 3:29pm |
| BAR | Pass | 3:29pm |
| BT | Pass | 3:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:30pm |

Printer Tests

Test

Status Time

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C | Instrument Location CUMBERGIO CO. |
|--|--|
| Instrument Ser | ial No. 008633 IFTENTION CTR. FRYFIEVILLE NO. |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the <u>Ol</u> day of <u>FEBRUALY</u> , 20 <u>OB</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OR LANGE OF THE CORP. THE CORP | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 02/01/2008

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: AG722702 Exp Date: 08/14/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:45pm |
| AIR BLK | .00 | 1:46pm |
| ACCY CHK | .07 | 1:47pm |
| AIR BLK | .00 | 1:47pm |
| SUB TEST | .00 | 1:48pm |
| AIR BLK | .00 | 1:49pm |
| SUB TEST | .00 | 1:50pm |
| AIR BLK | .00 | 1:51pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 32 Test Date: 02/01/2008 Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:09pm |
| FLO | Pass | 1:09pm |
| FC | Pass | 1:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:09pm |
| SRC | Pass | 1:09pm |
| DET | Pass | 1:09pm |
| BAR | Pass | 1:09pm |
| BT | Pass | 1:09pm |
| | | |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:10pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:10pm |
| CAL | Pass | 1:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | HACITHY Instrument Location 20 ANCRE PAPING, PD |
|--|--|
| Instrumen | Serial No. SN-008635 DNC PLANNE AUG PLANNE KARINS, NC |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| Ĺ | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | at on the Ob day of Toback of August 1990, 2000 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| GREAT OF THE STATE | Signature of Certifying Official Certificate Number |

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 02/06/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVEN, MAINTENANCE

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

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

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

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

Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:13pm |
| AIR BLK | .00 | 2:14pm |
| ACCY CHK | .07 | 2:14pm |
| AIR BLK | .00 | 2:15pm |
| SUB TEST | .00 | 2:16pm |
| AIR BLK | .00 | 2:17pm |
| SUB TEST | .00 | 2:19pm |
| AIR BLK | .00 | 2:20pm |

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 64
Test Date: 02/06/2008 Test Time: 2:03pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:05pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 1 | Instrument Lo | ocation Pro i | . O |
|---|---|--|------------------------------------|
| Instrument Seria | d No. 120 Sto 29 130 Ea | um: 5t, Kirston | |
| The preventive four months are | maintenance procedures for the Intoximeters, Mode | Intox EC/IR II to be followed at | least once every |
| \mathbf{l}_{e} | Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade; | or the alcoholic breath simulator | thermometer show |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath | ı sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath | ı sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being chan simulator solution is being changed every four m whichever occurs first. | | |
| I certify that on procedures were Department of F | theday of | , 20 S the forgoing prever ccordance with current regulations unctioning properly. | ntive maintenance s of the N.C. |
| S LOUM VOEW | Signature of Certifyin | Jones L g Official Certifi | (○ |

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 02/29/2008

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

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

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 10:26am |
| AIR BLK | .00 | 10:27am |
| ACCY CHK | .07 | 10:27am |
| AIR BLK | .00 | 10:28am |
| SUB TEST | .00 | 10:29am |
| AIR BLK | .00 | 10:30am |
| SUB TEST | .00 | 10:31am |
| ATR BLK | . 00 | 10:32am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 165
Test Date: 02/29/2008 Test Time: 10:33am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:33am |
| FLO | Pass | 10:33am |
| FC | Pass | 10:34am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:34am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 10:35am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 10:35am |
| CAL | Pass | 10:35am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS MODEL INTOX EC/IR II

| County + | ; H | Instrument Location Ref. 14 | Details of Gran |
|---|---|--|---|
| Instrument S | erial No. <u>(() () () () () () () () () </u> | 12/14 tento in De | Georgialia, NC |
| The preventi | | e Intoximeters, Model Intox EC/IR II to b | pe followed at least once every |
| 1. | Verify the ethanol gas canist 34 degrees, plus or minus .2 | er displays pressure, or the alcoholic breadegree centigrade; | ath simulator thermometer show |
| 2. | Verify instrument displays ti | me and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | ed; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | ppears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | | anister is being changed before expiration hanged every four months or after 125 A | |
| I certify that procedures v Department | on the day of were performed on the instrument i of Health and Human Services, an | the foundation in the foundati | orgoing preventive maintenance ent regulations of the N.C. |
| LOUIS HE STATE OF THE STATE OF | | 60; 13.1-57 | COJ L |
| | Si | ignature of Certifying Official | Certificate Number |

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

PITT PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/08/2008

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: GUARD, KELLY G

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:51pm |
| AIR BLK | .00 | 1:52pm |
| ACCY CHK | .07 | 1:52pm |
| AIR BLK | .00 | 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 75
Test Date: 02/08/2008 Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:59pm |
| FLO | Pass | 1:59pm |
| FC | Pass | 1:59pm |

Temperature Tests

| Test | Status | Time |
|------------|--------|--------|
| FC1 | Pass | 1:59pm |
| SRC | Pass | 1:59pm |
| DET | Pass | 1:59pm |
| BAR | Pass | 1:59pm |
| $_{ m BT}$ | Pass | 1:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:00pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:00pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 2:00pm |
| CAL | Pass | 2:00pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Pit | <i>t</i> | Instrument Location \mathcal{P}_{i} | H 6. Dotentin Center |
|--|--|---------------------------------------|--|
| Instrument Seria | 1No. <u>008646</u> | 124 Detention | Dr., Greenville, N.C. |
| The preventive n four months are: | • | oximeters, Model Intox EC/ | IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr | | holic breath simulator thermometer shows |
| 2. | Verify instrument displays time a | and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appea | rs, collect breath sample; | |
| 7. | When "PLEASE BLOW" appear | rs, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | | | expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests, |
| | the day of foliated by | | the forgoing preventive maintenance with current regulations of the N.C. properly. |
| THE STATE OF A PART 20, 1772 A PART 22, 1772 A | CAROUN Signa | ture of Certifying Official | Certificate Number |

PITT PITT CO DETENTION 730

Serial Number: 008646 Test Date: 02/08/2008

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: GUARD, KELLY G

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|--------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .07 | 1:51pm 1:52pm 1:52pm 1:53pm |
| SUB TEST | .00 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| SUB TEST | .00 | 1:56pm |
| AIR BLK | .00 | 1:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PITT PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 75

Test Date: 02/08/2008

Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:59pm |
| FLO | Pass | 1:59pm |
| FC | Pass | 1:59pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 1:59pm 1:59pm |
| DET | Pass | 1:59pm |
| BAR | Pass | 1:59pm |
| BT | Pass | 1:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:00pm |

Printer Tests

| Test Status Time |
|------------------|
|------------------|

PRNT Pass 2:00pm

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:00pm |
| CAL | Pass | 2:00pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County MECKLENBURG Instrument Location BATMOBILE UNIT 3 |
|---|
| Instrument Serial No. 008647 CHARLOTTE, NC |
| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: |
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade; |
| 2. Verify instrument displays time and date; |
| 3. Initiate breath test sequence; |
| 4. Enter information as prompted; |
| 5. Verify instrument accuracy; |
| 6. When "PLEASE BLOW" appears, collect breath sample; |
| 7. When "PLEASE BLOW" appears, collect breath sample; |
| 8. Print test record; |
| 9. Verify Diagnostic Program; and |
| 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that on the |
| Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 02/07/2008

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---------------------|--------|-------------------------------|
| DIAG AIR BLK | Pass | 10:36pm 10:37pm 10:37pm |
| ACCY CHK AIR BLK | .08 | 10:38pm |
| SUB TEST | .00 | 10:39pm |
| AIR BLK | .00 | 10:40pm |
| SUB TEST | .00 | 10:41pm |
| AIR BLK | .00 | 10:42pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 T

Test Record Number: 180
Test Time: 10:44pm EST

Test Date: 02/07/2008 Test T:

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:44pm |
| FLO | Pass | 10:44pm |
| FC | Pass | 10:44pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|--------------------|
| FC1 SRC | Pass Pass | 10:44pm 10:44pm |
| DET | Pass | 10:44pm |
| BAR | Pass | 10:44pm |
| BT | Pass | 10:44pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:45pm |

Printer Tests

| rest | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:45pm |
| | | |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:45pm |
| CAL | Pass | 10:45pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County / | ALIFAX | Instrument Location_ROANOK | E PAPIOS PD |
|--|--|---|---|
| Instrument Se | rial No. <u>608656</u> | 1040 ROANOKE AVE RU | ANOKE RAPIDS, NC |
| The preventive four months a | • | ne Intoximeters, Model Intox EC/IR II to b | e followed at least once every |
| 1. | Verify the ethanol gas canis 34 degrees, plus or minus .2 | ster displays pressure, or the alcoholic breat degree centigrade; | th simulator thermometer show |
| 2. | Verify instrument displays | time and date; | |
| 3. | Initiate breath test sequence | ;; | |
| 4. | Enter information as promp | ted; | |
| 5. | Verify instrument accuracy | ; | |
| 6. | When "PLEASE BLOW" | appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" | appears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program | ; and | |
| 10. | | canister is being changed before expiration changed every four months or after 125 Al | |
| procedures w | ere performed on the instrument | tindicated above, in accordance with currend the instrument is functioning properly. | orgoing preventive maintenance nt regulations of the N.C. |
| NAME OF STATE OF STAT | CAROLINI CAROLINI | Signature of Certifying Official | Certificate Number |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 02/06/2008

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: AG722702 Exp Date: 08/14/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 2:07pm |
| AIR BLK | .00 | 2:08pm |
| ACCY CHK | .07 | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| SUB TEST | .00 | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| SUB TEST | .00 | 2:12pm |
| ATR BLK | . 00 | 2:13pm |

Reperted AC: .00 g/210L

Signature of Chemical Analyst

DMV

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 02/06/2008

Test Record Number: 168
Test Time: 1:59pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:59pm |
| FLO | Pass | 1:59pm |
| FC | Pass | 1:59pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 1:59pm 1:59pm |
| DET | Pass | 1:59pm |
| BAR | Pass | 1:59pm |
| BT | Pass | 1:59pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 2:00pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 2:00pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 2:00pm |
| CAL | Pass | 2:00pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County NEU | Instrument Location Carokina BEACH | |
|--|--|--------------------|
| Instrument Seria | ial No. 8661 Police DEPt | |
| | | |
| The preventive r four months are: | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least or re: | nce every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermor 34 degrees, plus or minus .2 degree centigrade; | neter show |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholi simulator solution is being changed every four months or after 125 Alcoholic Breath Simu whichever occurs first. | |
| | n theday of | aintenance N.C. |
| THE STATE OF A CONTROL OF THE STATE OF THE S | Signature of Certifying Official Certificate No. | umber |

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 02/29/2008

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: 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: AG722602 Exp Date: 08/13/2009

| g/210L | Time |
|--------------------|------------------------------|
| Pass .00 .08 | 1:28pm 1:29pm 1:29pm |
| .00 | 1:30pm |
| .00 | 1:31pm |
| .00 | 1:32pm |
| .00 | 1:33pm |
| .00 | 1:34pm |
| | Pass .00 .08 .00 .00 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 190 Test Date: 02/29/2008 Test Time: 1:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------|------------------|
| IR FLO | Pass | 1:35pm 1:35pm |
| FC | Pass | 1:35pm |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 1:35pm 1:35pm |
| DET | Pass | 1:35pm |
| BAR | Pass | 1:35pm |
| BT | Pass | 1:35pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:36pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:36pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:36pm |

Preventive Maintenance Status: Pass

Pass

1:36pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County PA | Instrument Location Pitt (| o Detention Cente |
|--|--|-----------------------------------|
| Instrument Seri | al No. 008662 124 Dotention D | v., Greenville, N.C. |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II t | o be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic b 34 degrees, plus or minus .2 degree centigrade; | reath simulator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first. | |
| | the day of February, 2008 the performed on the instrument indicated above, in accordance with cu Health and Human Services, and the instrument is functioning proper | irrent regulations of the N.C. |
| TANK STATE OF THE CHEAT STATE OF | Tella Jean Signature of Certifying Official | Certificate Number |

PITT PITT CO DETENTION 730

Serial Number: 008662 Test Date: 02/08/2008

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: GUARD, KELLY G
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|--|--------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 12:57pm 12:57pm 12:58pm 12:59pm |
| SUB TEST | .00 | 1:00pm |
| AIR BLK | .00 | 1:00pm |
| SUB TEST | .00 | 1:02pm |
| AIR BLK | .00 | 1:03pm |

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

PITT PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 196
Test Date: 02/08/2008 Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:08pm |
| FLO | Pass | 1:08pm |
| FC | Pass | 1:08pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:08pm |
| SRC | Pass | 1:08pm |
| DET | Pass | 1:08pm |
| BAR | Pass | 1:08pm |
| BT | Pass | 1:08pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:09pm |

Printer Tests

| Test | Status | Time |
|------|--------|------|
|------|--------|------|

PRNT Pass 1:09pm

CRC Tests

| Test | Status | Time |
|------|--------------|--------|
| COMP | Pass Pass | 1:09pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County/ | Δ | Instrument Location AYOEN | Police DEPT. |
|--|---|--|--|
| Instrument Se | erial No. <u>008666</u> | 4144 Wess AVR., | Ayden, N.c Z |
| The preventive four months a | | toximeters, Model Intox EC/IR II to be | followed at least once every |
| 1. | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | displays pressure, or the alcoholic breath gree centigrade; | n simulator thermometer shows |
| 2. | Verify instrument displays time | and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appe | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appe | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | d | |
| 10. | | ster is being changed before expiration of a ster 125 Alcohole every four months or after 125 Alcohole every four months of the four m | |
| | ere performed on the instrument ind | , 20 F the for icated above, in accordance with current he instrument is functioning properly. | going preventive maintenance t regulations of the N.C. |
| CONTRIBUTION OF THE STATE OF TH | 100 | O. A. Keesl | <u> (</u> 87 |
| | Sign | nature of Certifying Official | Certificate Number |

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 02/08/2008

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: KEESLER, LINDA A

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|---------------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 .00 | 3:51pm 3:52pm 3:53pm 3:53pm |
| SUB TEST | .00 | 3:54pm |
| AIR BLK | .00 | 3:55pm |
| SUB TEST | .00 | 3:56pm |
| AIR BLK | .00 | 3:57pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 177
Test Date: 02/08/2008 Test Time: 3:59pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:00pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:00pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 4:01pm |

Preventive Maintenance Status: Pass

CAL

Pass 4:01pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /\/ | Instrument Location WRIGHTS VILLE BOACH |
|--|--|
| Instrument Seri | al No. 8667 POLICE DEPT. |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | theday ofFEDRUALY, 20 |
| ASSE OTHER STATE OF THE STATE O | Signature of Certifying Official Certificate Number |

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 02/29/2008

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: RIVERA, ANTHONY

Dermit Number: 08259F

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: AG722503 Exp Date: 08/12/2009

| Test | g/210L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 9:30am 9:30am 9:31am 9:32am 9:33am 9:35am |
| AIR BLK | .00 | 9:36am |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

COULC CVI

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667

Test Record Number: 65

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:38am 9:38am |
| FC | Pass | 9:38am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:38am |
| SRC | Pass | 9:38am |
| DET | Pass | 9:38am |
| BAR | Pass | 9:38am |
| BT | Pass | 9:38am |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:39am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:39am |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 9:39am |

Preventive Maintenance Status: Pass

CAL

Pass 9:39am

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Instrument Location Pitt Co. Setention Center |
|--|--|
| Instrument Ser | ial No. D08648 124 Detention DR., Conserville, N.C. |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that o procedures we Department of | n the |
| THE STATE OF THE S | CAROLLE CAROLL |

PITT PITT CO DETENTION 730

Serial Number: 008668 Test Date: 02/08/2008

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: KEESLER, LINDA A

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|---|--------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 12:59pm 1:00pm 1:00pm 1:01pm 1:02pm 1:03pm 1:04pm |
| AIR BLK | .00 | 1:05pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 158 Test Date: 02/08/2008 Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:09pm |
| FLO | Pass | 1:09pm |
| FC | Pass | 1:09pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:09pm |
| SRC | Pass | 1:09pm |
| DET | Pass | 1:09pm |
| BAR | Pass | 1:09pm |
| BT | Pass | 1:09pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:09pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|------------------|
| PRNT | Pass | 1:09pm |
| C | RC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:10pm 1:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Was | ne | Instrument Location Wayne (| Comm. Cente |
|-----------------------------------|---|---|---|
| Instrument Seria | 1No. 008671 | 134 N. John St., Gold | dsharo, N.C. |
| The preventive n four months are: | | ntoximeters, Model Intox EC/IR II to be fo | llowed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic breath segree centigrade; | imulator thermometer shows |
| 2. | Verify instrument displays time | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | ; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; an | d | |
| 10. | | ister is being changed before expiration dat nged every four months or after 125 Alcohol | |
| | performed on the instrument inc | dicated above, in accordance with current rethe instrument is functioning properly. | ing preventive maintenance egulations of the N.C. |
| THE STATE OF MAN 20, 177 | CAROLIN Jally | nature of Certifying Official | 643 Certificate Number |

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008671 Test Date: 02/22/2008

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: 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: AG722801 Exp Date: 08/15/2009

| Test | g/210L | Time |
|--|---------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .07 .00 | 10:49am 10:50am 10:51am 10:51am 10:52am |
| AIR BLK SUB TEST | .00 | 10:53am 10:54am |
| AIR BLK | .00 | 10:55am |

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008671

Test Record Number: 259

Test Date: 02/22/2008

Test Time: 10:57am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:57am |
| FLO | Pass | 10:57am |
| FC | Pass | 10:58am |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

| COMP Pass 10:59am CAL Pass 10:59am | Test | Status | Time |
|------------------------------------|-------|--------|------|
| | 00111 | | |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTUATIVETERS, MODEL INTUA EC/IR II |
|---------------------------------------|--|
| County | CUMBERLAND Instrument Location COMBERLAND CO. |
| Instrumen | t Serial No. OD 8672 DETENTION CTR., FAYETTEVILLE NC |
| The preve | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify the procedure Departme | nat on the |
| S S S S S S S S S S S S S S S S S S S | Signature of Certifying Official Certificate Number |

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Date: 02/01/2008

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:
10/01/2007-10/01/2009

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

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 5:01pm 5:01pm 5:02pm |
| AIR BLK | .00 | 5:03pm |
| SUB TEST | .00 | 5:03pm |
| AIR BLK | .00 | 5:04pm |
| SUB TEST | .00 | 5:06pm |
| AIR BLK | .00 | 5:06pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672

Test Record Number: 209

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 4:54pm 4:54pm |
| FC | Pass | 4:54pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:54pm |
| SRC | Pass | 4:54pm |
| DET | Pass | 4:54pm |
| BAR | Pass | 4:54pm |
| BT | Pass | 4:54pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

4:54pmAIR Pass

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:55pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:55pm |
| CAL | Pass | 4:55pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|--|--|
| County | ecklenburg Instrument Location Mecklenburg Co. 5D |
| Instrument Ser | ial No. 008690 801 E. 4th St. Charlotte |
| | 704-353-0180 |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| • | n theday of |
| STATE OREATE OF THE STATE OF TH | AROLL STATE OF THE |

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 02/01/2008

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: WILLIS, BOBBY D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 02/01/2008

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: WILLIS, BOBBY D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CR

Bobley D. Willis

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 45 Test Date: 02/01/2008 Test Time: 10:41am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:42am |
| SRC | Pass | 10:42am |
| DET | Pass | 10:42am |
| BAR | Pass | 10:42am |
| BT | Pass | 10:42am |

Blank Tests

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

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 10:42am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 10:43am 10:43am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M | ecklenburg Instrument Location Mecklenburg County 5D |
|--|--|
| Instrument Seri | al No. 008691 801 East 4th Street, Charlotte |
| | 704-353-0180 |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures wer | the |
| APAN 12. 1775 | NORTH CAROLLA A |
| VIII OLIMANIA CONTRACTORIA CONT | Joseph & Hulchmin 650 |
| | Signature of Certifying Official Certificate Number |

MECKLENBURG COUNTY SD

Serial Number: 008691 Test Date: 02/01/2008

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: HUTCHINSON, JOSEPH E

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time |
|-------------|------------------------------|
| Pass .00 | 10:24am 10:24am |
| .08 | 10:25am |
| .00 | 10:26am |
| .00 | 10:26am |
| .00 | 10:27am |
| .00 | 10:29am |
| .00 | 10:30am |
| | Pass .00 .08 .00 .00 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008691 Test Date: 02/01/2008

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: HUTCHINSON, JOSEPH E

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| AIR BLK .00 10:24am ACCY CHK .08 10:25am AIR BLK .00 10:26am SUB TEST .00 10:26am AIR BLK .00 10:27am | Test | g/210L | Time |
|---|----------|--------|--------------------|
| AIR BLK .00 10:26am SUB TEST .00 10:26am AIR BLK .00 10:27am | AIR BLK | .00 | 10:24am 10:24am |
| AIR BLK .00 10:27am | AIR BLK | .00 | 10:26am |
| | | | 10:26am 10:27am |
| | SUB TEST | .00 | 10:29am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CR

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008691 Test Record Number: 44 Test Date: 02/01/2008 Test Time: 10:34am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 10:35am |
| FLO | Pass | 10:35am |
| FC | Pass | 10:35am |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 10:35am |
| SRC | Pass | 10:35am |
| DET | Pass | 10:35am |
| BAR | Pass | 10:35am |
| BT | Pass | 10:35am |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:35am |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 10:35am |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:36am |
| CAL | Pass | 10:36am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| h. / | 1141 OXIMETERS, MODEL 1141 OX EC/IN II | | |
|--|--|--|--|
| County | ecklenburg Instrument Location Cornelius PD | | |
| Instrument Seria | al No. 008692 21440 Catawba Ave. Cornelius 704-892-1363 | | |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | 4. Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | 6. When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. | | |
| | theday ofeby u civy, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. | | |
| STATE OF ALL STATE | AROUMAN AND AND AND AND AND AND AND AND AND A | | |
| | Signature of Certifying Official Certificate Number | | |

CORNELIUS PD

Serial Number: 008692 Test Date: 02/01/2008

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: WILLIS, BOBBY D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 3:14pm 3:14pm 3:15pm 3:16pm 3:17pm 3:18pm 3:19pm |
| AIR BLK | .00 | 3:20pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Subject Test

CORNELIUS PD

Serial Number: 008692 Test Date: 02/01/2008

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: WILLIS, BOBBY D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|--|--------------------|--------------------------------------|
| DIAG AIR BLK ACCY CHK AIR BLK | Pass .00 .08 | 3:14pm 3:14pm 3:15pm 3:16pm |
| SUB TEST | .00 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| SUB TEST | .00 | 3:19pm |
| AIR BLK | .00 | 3:20pm |

Reported AC: .00 g/210L

Signature/of Chemical Analyst

Court CR

Bobley D. Willis
Analyst

CORNELIUS PD

Serial Number: 008692 Test Date: 02/01/2008

Test Record Number: 44
Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 3:21pm 3:21pm |
| FC | Pass | 3:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:22pm |
| SRC | Pass | 3:22pm |
| DET | Pass | 3:22pm |
| BAR | Pass | 3:22pm |
| BT | Pass | 3:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| 1000 | Deacas | 1 1111 |

AIR Pass 3:22pm

Printer Tests

| Test | Status | Time |
|------|--------|------|
| | | |

PRNT Pass 3:22pm

CRC Tests

Test Status Time

COMP Pass 3:22pm CAL Pass 3:22pm

Preventive Maintenance Status: Pass

Ynalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County H | | Instrument Leastion 4444 | FAX CO. SHERIFF'S DEPT. |
|--|---|--|---|
| * * | | | |
| Instrument Seri | al No. 008695 | FERRELL LN. | HALIFAX, NC |
| The preventive four months are | • | ntoximeters, Model Intox EC/IR II | to be followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | breath simulator thermometer shows |
| 2. | Verify instrument displays tim | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | ; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; ar | ad | |
| 10. | | ister is being changed before expirance of the state of the second | ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| procedures wer | re performed on the instrument in | BRUARY, 20 8 the dicated above, in accordance with the instrument is functioning properties. | |
| OF THE STATE OF THE OWN TO THE OW | Sura Bura | 1 Smith | 637 |
| | Sig | nature of Certifying Official | Certificate Number |

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 02/06/2008

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: AG722503 Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 4:34pm 4:34pm 4:35pm |
| AIR BLK | .00 | 4:35pm |
| SUB TEST | .00 | 4:36pm |
| AIR BLK | .00 | 4:37pm |
| SUB TEST | .00 | 4:38pm |
| ATR BLK | . 00 | 4:39pm |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 02/06/2008 Test Record Number: 40
Test Time: 4:29pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 4:30pm 4:30pm |
| FC | Pass | 4:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:30pm |
| SRC | Pass | 4:30pm |
| DET | Pass | 4:30pm |
| BAR | Pass | 4:30pm |
| BT | Pass | 4:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:31pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 4:31pm |
| CAL | Pass | 4:31pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | INTOXIMETERS, MODEL INTOX EC/IR II |
|---------------------|--|
| County / e | CKlenburg Instrument Location Mecklenburg Co. 5D |
| Instrument Serial 1 | No. 008703 801 E 4th St. Charlo He |
| | 704-353-0180 |
| The preventive ma | nintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| ; | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | eday of |
| CO THE STATE OF NO. | Boffey D. William Signature of Certificial Certificate Number |

MECKLENBURG COUNTY SD

Serial Number: 008703 Test Date: 02/01/2008

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: WILLIS, BOBBY D

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|--|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 | 9:47am 9:48am 9:48am 9:49am 9:50am 9:51am |
| SUB TEST | .00 | 9:52am |
| AIR BLK | .00 | 9:53am |

Reported AC: .00 g/210L

Signature of Themical Analyst

Court CVR

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008703 Test Date: 02/01/2008

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: WILLIS, BOBBY D
Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 9:47am |
| AIR BLK | .00 | 9:48am |
| ACCY CHK | .08 | 9:48am |
| AIR BLK | .00 | 9:49am |
| SUB TEST | .00 | 9:50am |
| AIR BLK | .00 | 9:51am |
| SUB TEST | .00 | 9:52am |
| AIR BLK | .00 | 9:53am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CR

Boffey D. Willis

MECKLENBURG COUNTY SD

Serial Number: 008703

Test Record Number: 42
Test Time: 9:55am EST

Test Date: 02/01/2008 Test

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 9:55am 9:55am |
| LLO | Pass | |
| FC | Pass | 9:55am |

Temperature Tests

| Test | Status | Time |
|------------|--------------|------------------|
| FC1 SRC | Pass Pass | 9:55am 9:55am |
| DET | Pass | 9:55am |
| BAR | Pass | 9:55am |
| BT | Pass | 9:55am |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 9:56am

Printer Tests

Test Status Time

PRNT Pass 9:56am

CRC Tests

Test Status Time

COMP Pass 9:56am CAL Pass 9:56am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ME | KLENBURG Instrument Location BATME | BILE UNIT 3 |
|--|--|---|
| Instrument Seri | al No. 008707 CHARLE | OTTE, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for: | ollowed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade; | simulator thermometer show |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcohwhichever occurs first. | |
| I certify that on procedures wer Department of | the | oing preventive maintenance regulations of the N.C. |
| TOTAL STATE OF THE OFFICE OFFI | Signature of Certifying Official | |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 02/07/2008

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

The state of the s

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: AG722501 Exp Date: 08/12/2009

| Test | g/210L | Time |
|-----------------------------|--------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:16pm 10:17pm 10:18pm |
| AIR BLK SUB TEST | .00 .00 | 10:19pm 10:19pm |
| AIR BLK | .00 | 10:19pm |
| SUB TEST | .00 | 10:22pm |
| AIR BLK | .00 | 10:22pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 43 Test Date: 02/07/2008 Test Time: 10:24pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|-------|--------|---------|
| FC1 | Pass | 10:25pm |
| SRC | Pass | 10:25pm |
| DET | Pass | 10:25pm |
| BAR . | Pass | 10:25pm |
| BT | Pass | 10:25pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 10:25pm |

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:25pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MONTEOMERY Instrument Location MONTEOMERY CO. COURTHOUSE |
|---|--|
| Instrument | Serial No. 008709 TROY, N.C. |
| The prever | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure | nat on the |
| O NEST SECTION OF SEC | Signature of Certifying Official Certificate Number |

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Date: 02/26/2008

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: NC Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 6:13pm 6:14pm 6:15pm |
| AIR BLK | .00 | 6:15pm |
| SUB TEST | .00 | 6:16pm |
| AIR BLK | .00 | 6:17pm |
| SUB TEST | .00 | 6:19pm |
| AIR BLK | .00 | 6:19pm |

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

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

Rev. 12/2007

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Record Number: 38 Test Date: 02/26/2008 Test Time: 6:22pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:22pm |
| FLO | Pass | 6:22pm |
| FC | Pass | 6:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:22pm |
| SRC | Pass | 6:22pm |
| DET | Pass | 6:22pm |
| BAR | Pass | 6:22pm |
| BT | Pass | 6:22pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:23pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 6:23pm |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 6:23pm |
|------|------|--------|
| CAL | Pass | 6:23pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MOORE | Instrument Location PINEHO | URST POLICE |
|---|---|--|---|
| Instrument Seri | al No. 008710 | Tapt, Pinehur | ST NC |
| The preventive four months are | · · · · · · · · · · · · · · · · · · · | ntoximeters, Model Intox EC/IR II to be | followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees. | displays pressure, or the alcoholic breat gree centigrade; | h simulator thermometer show |
| 2. | Verify instrument displays time | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | , | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appe | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appo | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | d | |
| 10. | | ister is being changed before expiration nged every four months or after 125 Alc | |
| 1 | re performed on the instrument inc | the for dicated above, in accordance with currer the instrument is functioning properly. | rgoing preventive maintenance tt regulations of the N.C. |
| THE STATE OF THE CREAT SECTION AND 20, 1775. APRIL 12, 1782. SEE QUAM MIRE. | TO STATE CAROLINA | nature of Certifying Official | 37/ Certificate Number |

MOORE PINEHURST PD. 620

Serial Number: 008710 Test Date: 02/22/2008

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST | Pass .00 .08 .00 .00 | 11:40am 11:41am 11:42am 11:43am 11:43am |
| AIR BLK | .00 | 11:44am |
| SUB TEST | .00 | 11:46am |
| AIR BLK | .00 | 11:47am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 67

Test Date: 02/22/2008

Test Time: 11:49am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 11:49am 11:49am |
| FC | Pass | 11:49am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

11:50am Pass AIR

Printer Tests

| Test | Status | Time | |
|------|--------|------|--|
| | | | |

11:50am PRNT Pass

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 11:50am |
| CAL | Pass | 11:50am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MOORE Instrument Location SOUTHERN PINES |
|---------------------------|--|
| Instrument Seria | al No. 008720 P.D., SOUTHERN PINES, NC |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the <u>22</u> day of <u>FEBRUARY</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF ANY 20, 1775 | Service 371 |
| | Signature of Certifying Official Certificate Number |

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 02/22/2008

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: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

| g/210L | Time |
|--------------|----------------------------|
| Pass .00 .08 | 9:19am 9:19am 9:20am |
| | 9:21am |
| .00 | 9:21am |
| .00 | 9:22am |
| .00 | 9:24am |
| .00 | 9:24am |
| | Pass .00 .08 .00 .00 .00 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 40 Test Date: 02/22/2008 Test Time: 9:28am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:28am |
| FLO | Pass | 9:28am |
| FC | Pass | 9:28am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:28am |
| SRC | Pass | 9:28am |
| DET | Pass | 9:28am |
| BAR | Pass | 9:28am |
| BT | Pass | 9:28am |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 9:29am |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 9:29am |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 9:29am |
| CAL | Pass | 9:29am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| | ONTGOMERY | | |
|--|---|-------------------------------|---|
| Instrument Seria | al No. <u>008721</u> | COURTHOUSE | TROY NC |
| The preventive r | • | ximeters, Model Intox EC/IR | II to be followed at least once every |
| 1. | Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees. | | lic breath simulator thermometer show |
| 2. | Verify instrument displays time a | nd date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appear | rs, collect breath sample; | |
| 7. | When "PLEASE BLOW" appear | rs, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | | | piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests, |
| procedures were | the <u>26</u> day of <u>FEBC</u> e performed on the instrument indic Health and Human Services, and the | ated abo∜e, in accordance wit | |
| THE STATE OF THE S | Non Harangara | cure of Certifying Official | Certificate Number |

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Date: 02/26/2008

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: NC
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 6:52pm 6:53pm 6:53pm |
| AIR BLK | .00 | 6:54pm |
| SUB TEST | .00 | 6:54pm |
| AIR BLK | .00 | 6:56pm |
| SUB TEST | .00 | 6:57pm |
| AIR BLK | .00 | 6:58pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721

Test Record Number: 55

Test Date: 02/26/2008

Test Time: 6:59pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 7:00pm |
| FLO | Pass | 7:00pm |
| FC | Pass | 7:00pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 7:00pm |
| SRC | Pass | 7:00pm |
| DET | Pass | 7:00pm |
| BAR | Pass | 7:00pm |
| BT | Pass | 7:00pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 7:01pm

Printer Tests

| Test | Status | Time |
|--|--------|--------|
| $\mathbf{L} \subset \mathcal{D} \subset$ | blatus | 1 1111 |

PRNT Pass 7:01pm

CRC Tests

Test Status Time

COMP Pass 7:01pm CAL Pass 7:01pm

Preventive Maintenance Status: Pass

/Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MOORE Instrument Location ROBBINS POLICE | | |
|--|---|--|--|
| Instrument | Serial No. 008728 Dept., Robbins NC | | |
| The prever | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are: | | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; | | |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. | | |
| procedures | at on theday of | | |
| CO SESTAL GREAT SESTAL CONTROL OF SESTAL CONTROL | Signature of Certifying Official Certificate Number | | |

MOORE ROBBINS PD 620

Serial Number: 008728 Test Date: 02/22/2008

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 5:03pm |
| AIR BLK | .00 | 5:03pm |
| ACCY CHK | .08 | 5:04pm |
| AIR BLK | .00 | 5:05pm |
| SUB TEST | .00 | 5:06pm |
| AIR BLK | .00 | 5:07pm |
| SUB TEST | .00 | 5:08pm |
| AIR BLK | .00 | 5:09pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE ROBBINS PD 620

Serial Number: 008728 Test Record Number: 52 Test Date: 02/22/2008 Test Time: 5:10pm EST Test Record Number: 52

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 5:11pm |
| FLO | Pass | 5:11pm |
| FC | Pass | 5:11pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 5:11pm |
| SRC | Pass | 5:11pm |
| DET | Pass | 5:11pm |
| BAR | Pass | 5:11pm |
| BT | Pass | 5:11pm |

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

Pass 5:11pm AIR

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 5:11pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 5:12pm |
| CAL | Pass | 5:12pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | MOORE | Instrument Location | MOORE CO. JAIL |
|-----------|---|----------------------------------|--|
| Instrumen | nt Serial No. <u>008735</u> | CARTHAGE | e NC |
| The preve | • | e Intoximeters, Model Intox EC/I | R II to be followed at least once every |
| 1. | Verify the ethanol gas canis 34 degrees, plus or minus .2 | | olic breath simulator thermometer shows |
| 2. | Verify instrument displays t | ime and date; | |
| 3. | Initiate breath test sequence | · | |
| 4. | Enter information as promp | ted; | |
| 5. | Verify instrument accuracy; | ; | |
| 6. | When "PLEASE BLOW" a | appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" a | appears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; | and | |
| 10. | | | xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests, |
| procedure | hat on the <u>22</u> day of <u>factors</u> day of | indicated above, in accordance w | • |
| GREAT SE | Ser. | Signature of Certifying Official | Certificate Number |

MOORE MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 02/22/2008

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: 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: AG722501 Exp Date: 08/12/2009

Test q/210L Time

| DIAG | Pass | 3:02pm |
|----------|------|--------|
| AIR BLK | .00 | 3:02pm |
| ACCY CHK | .07 | 3:03pm |
| AIR BLK | .00 | 3:03pm |
| SUB TEST | .00 | 3:04pm |
| AIR BLK | .00 | 3:05pm |
| SUB TEST | .00 | 3:06pm |
| AIR BLK | .00 | 3:07pm |

Reported AC: _00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MOORE MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 53

Test Date: 02/22/2008

Test Time: 3:08pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|------|
| | | |

AIR Pass 3:09pm

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:10pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:10pm |
| CAL | Pass | 3:10pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

| County | Foils 9 th Instrument Location Fore | syth Co Describer |
|--|---|--|
| Instrumen | nt Serial No. <u>008583</u> <u>(20</u> | TER |
| The preve | entive maintenance procedures for the Intoximeters, Model Intox EC/IR ths are: | II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade; | ic breath simulator thermometer shows |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before exp simulator solution is being changed every four months or after whichever occurs first. | |
| I certify the procedure. Department | that on the | the forgoing preventive maintenance a current regulations of the N.C. perly. |
| THE CIRCUIT OF THE COREAL CORE | TATE OF NORTH LEARN WORLD | |
| | Signature of Certifying Official | Certificate Number |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 02/13/2008

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: AG722601-30 Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 3:30pm 3:31pm 3:31pm |
| AIR BLK | .00 | 3:32pm |
| SUB TEST | .00 | 3:34pm |
| AIR BLK | .00 | 3:34pm |
| SUB TEST | .00 | 3:36pm |
| AIR BLK | .00 | 3:37pm |

Reported AC: .00 g/210L

igrature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 249 Serial Number: 008583

Test Time: 3:39pm EST Test Date: 02/13/2008

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 |
|------|--------|--------|
| ATR | Pass | 3:40pm |

Printer Tests

| Test S | tatus 'I | ime |
|--------|----------|--------|
| PRNT P | ass 3 | 3:40pm |

CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Stokes Instrument Location Stokes & JAI | |
|--|---|----|
| Instrumer | Serial No. <u>OO 8596</u> | |
| The preve | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are: | |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade; | ws |
| 2. | Verify instrument displays time and date; | |
| 3. | Initiate breath test sequence; | |
| 4. | Enter information as prompted; | |
| 5. | Verify instrument accuracy; | |
| 6. | When "PLEASE BLOW" appears, collect breath sample; | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | |
| 8. | Print test record; | |
| 9. | Verify Diagnostic Program; and | |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. | , |
| I certify th procedures Departmen | t on the | е |
| TO SEE ALL SEE | Signature of Certifying Official Certificate Number | |

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 02/20/2008

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: AG722601-11 Exp Date: 08/13/2009

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .08 | 1:20pm |
| AIR BLK | .00 | 1:20pm |
| SUB TEST | .00 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| SUB TEST | .00 | 1:24pm |
| ATR BLK | . 00 | 1:250m |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 261 Test Date: 02/20/2008 Test Time: 1:26pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:26pm |
| FLO | Pass | 1:26pm |
| FC | Pass | 1:26pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 1:26pm |
| SRC | Pass | 1:26pm |
| DET | Pass | 1:26pm |
| BAR | Pass | 1:26pm |
| BT | Pass | 1:26pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:27pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:27pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:27pm |
| CAL | Pass | 1:27pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County (| Instrument Location CUMBERIAND COUNT |
|--|--|
| Instrument Se | erial No. 608614 Detention Center |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures w Department of | on the <u>Ob</u> day of <u>February</u> , 2008 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | oul Juni 578 |
| | Signature of Certifying Official Certificate Number |

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

Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CTR 250

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 02/06/2008 Serial Number: 008614 Test Date: 02/06/2008

dination number: Muuuuuuu-u

citation number: Moodood d

Subject's Name: PREVENTIVE, MAINTENANCE Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

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

Driver's License Number: NONE
Analyst's Name: SIMMONS, PAUL T

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

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

Permit Number: 08619E

12/01/2007-12/01/2009

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

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

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

| g/210L | Time |
|--------|------------------------------|
| Pass | 12:33pm 12:34pm |
| .08 | 12:34pm |
| .00 | 12:35pm |
| .00 | 12:36pm |
| .00 | 12:37pm |
| .00 | 12:39pm |
| .00 | 12:39pm |
| | Pass .00 .08 .00 .00 .00 .00 |

Exp Date: 08/20/2009

| | TEST | | | 12:39 <u>F</u> |
|-------|--------|-----|-----|--------------------|
| AIR | BLK | .00 | | 12:39 _F |
| Repor | rted A | C: | .00 | g/210L |

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

Signature of Chemical Analyst

Reported AC: .00 g/210L

macure or chemical Analys

Signature of Chemical Analyst

Analyst/Officer Copy

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 02/06/2008

Test Record Number: 203
Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:26pm |
| FLO | Pass | 12:26pm |
| FC | Pass | 12:26pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 12:26pm 12:26pm 12:26pm 12:26pm 12:26pm |
| DΙ | rass | 12:20pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pagg | 12.27pm |

Printer Tests

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:27pm |
| CAL | Pass | 12:27pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County _ | ENOIR | Instrumer | nt Location 🔣 | INS TON | PO | |
|--|--|------------------|-------------------|---------------------------------------|--------------------------------------|--------------------|
| Instrument Se | rial No. <u>008624</u> | 205 | E. KING | 5T. 1 | ENSTON, | N. c. |
| The preventive four months a | re maintenance procedures for the I | ntoximeters, N | Model Intox EC/II | R II to be follo | owed at least on | ce every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | | • | olic breath sin | nulator thermon | neter show |
| 2. | Verify instrument displays time | e and date; | | | | |
| 3. | Initiate breath test sequence; | | | | | |
| 4. | Enter information as prompted | ; | | | | |
| 5. | Verify instrument accuracy; | | | | | |
| 6. | When "PLEASE BLOW" app | ears, collect b | reath sample; | | | |
| 7. | When "PLEASE BLOW" app | ears, collect bi | reath sample; | | | |
| 8. | Print test record; | | | | | |
| 9. | Verify Diagnostic Program; an | d | | | | |
| 10. | Verify that the ethanol gas can simulator solution is being char whichever occurs first. | | | | | |
| | on the <u>97</u> day of <u>Fear</u> ere performed on the instrument ind f Health and Human Services, and t | | | | g preventive ma ulations of the l | iintenance N.C. |
| THE STATE OF THE S | NO COLUMN CARCOLLAND | | | | | |
| TO QUANTIES | Inc. | 1 Lee | 26 | · · · · · · · · · · · · · · · · · · · | 647 | |
| | Sign | ature of Certi | tying Official | | Certificate Nu | mber |

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 02/29/2008

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: 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: AG722602 Exp Date: 08/13/2009

| Test | g/210L | Time |
|------------------|------------|--------------------|
| DIAG AIR BLK | Pass | 11:49am 11:50am |
| ACCY CHK | .08 | 11:51am |
| AIR BLK SUB TEST | .00 .00 | 11:52am 11:52am |
| AIR BLK | .00 | 11:52am |
| SUB TEST | .00 | 11:55am |
| ATP BLK | 0.0 | 11.56am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

List land

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 171 Test Time: 11:58am EST Test Date: 02/29/2008

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:58am |
| FLO | Pass | 11:58am |
| FC | Pass | 11:59am |

Temperature Tests

| Status | Time |
|--------|------------------------------|
| Pass | 11:59am |
| | Pass Pass Pass Pass |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:59am |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 11:59am |
| | CRC Tests | |
| Test | Status | Time |

| COMP | Pass | 12:00pm |
|------|------|---------|
| CAL | Pass | 12:00pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

| The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shall degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. 1 certify that on the day of the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. | County_ | [NAYNE Instrument Lo | cation Marus | Pa. Comm. C | ENTE |
|--|--|---|-------------------------|---|----------|
| 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the | Instrume | nent Serial No. <u>DO 86 49</u> 134 N. | JOHAI ST, | 6.12100, | <u> </u> |
| 3. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. | • | | Intox EC/IR II to be | followed at least once e | very |
| 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. 1 certify that on the Adapting Aday of Adapting Adapting Adapting Procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. | 1. | | or the alcoholic breath | simulator thermometer | shows |
| 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the Aday of Ferrance, 20 of the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. | 2. | 2. Verify instrument displays time and date; | | | |
| 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the day of ference of the forgoing preventive maintena procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. | 3. | Initiate breath test sequence; | | | |
| When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the | 4. | Enter information as prompted; | | | |
| 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the | 5. | Verify instrument accuracy; | | | |
| 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the | 6. | 6. When "PLEASE BLOW" appears, collect breath | sample; | | |
| 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the day of day o | 7. | 7. When "PLEASE BLOW" appears, collect breath | sample; | | |
| 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the | 8. | Print test record; | | | |
| simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first. I certify that on the | 9. | O. Verify Diagnostic Program; and | | | |
| I certify that on the | 10. | simulator solution is being changed every four m | | | |
| STATE OF NO CENTRAL PROPERTY OF STATE O | I certify t procedure Departme | that on theday ofday of | , 20 | going preventive mainte t regulations of the N.C | nance |
| TO COLLEGE OUT OF THE PARTY OF | AND STATE OF | TATE OF NO OF THE STATE OF THE | | | |
| Signature of Certifying Official Certificate Number | 400 | Signature of Certifyin | g Official | | er |

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008649 Test Date: 02/22/2008

gration 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: 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: AG722602 Exp Date: 08/13/2009

| Test | g/210L | Time |
|-----------------------------|--------------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 10:49am 10:50am 10:51am |
| AIR BLK | .00 | 10:52am |
| SUB TEST | .00 | 10:52am |
| AIR BLK | .00 | 10:53am |
| SUB TEST | .00 | 10:55am |
| ATR BLK | . 00 | 10:56am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008649

Test Record Number: 245

Test Date: 02/22/2008

Test Time: 10:57am EST

System Check: Passed

Baseline Tests

| Status | Time |
|--------|--------------|
| | |
| Pass | 10:57am |
| Pass | 10:57am |
| Pass | 10:57am |
| | Pass Pass |

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 10:58am |
| CAL | Pass | 10:58am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | TOASY Th Instrument Location KERNEN- | sulle | PA |
|--|--|-------------------------------------|------------------------------|
| Instrument S | Gerial No <u>008650</u> | | |
| The prevent | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are: | followed at least | ast once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade; | h simulator the | rmometer shows |
| 2. | Verify instrument displays time and date; | | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. _/ | When "PLEASE BLOW" appears, collect breath sample; | | |
| 7. | When "PLEASE BLOW" appears, collect breath sample; | | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | | |
| 10. | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first. | | |
| I certify that procedures v Department | on the | rgoing preventi nt regulations o | ve maintenance f the N.C. |
| STATE STATE OF THE | | Certifica | te Number |

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 02/13/2008 Citation Number: M0000000-0 Subject's Name:

PREVENTION, MAINTENANCE

Subject'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 | 12:15pm |
| AIR BLK | .00 | 12:15pm |
| ACÇY CHK | .07 | 12:16pm |
| AIR BLK | .00 | 12:17pm |
| SUB TEST | .00 | 12:17pm |
| AIR BLK | .00 | 12:18pm |
| SUB TEST | .00 | 12:20pm |
| AIR BLK | .00 | 12:21pm |

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 139
Test Date: 02/13/2008 Test Time: 12:22pm EST

System Check: Passed

Baseline Tests

| Test | Status | Tiẃe |
|------|--------|---------|
| IR | Pass | 12:22pm |
| FLO | Pass | 12:22pm |
| FC | Pass | 12:22pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1\ | Pass | 12:23pm |
| SRC | Pass | 12:23pm |
| DET | Pass | 12:23pm |
| BAR | Pass | 12:23pm |
| BT | Pass | 12:23pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:23pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 12:23pm |

CRC Tests

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:23pm |
| CAL | Pass | 12:23pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

| County F | insyth | Instrument Location Files g | Ih Co Detention |
|--|--|---|---|
| Instrument S | erial No. <u>608659</u> | Cente. | R |
| The preventi four months | | ntoximeters, Model Intox EC/IR II to | be followed at least once every |
| 1. | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic buggree centigrade; | eath simulator thermometer shows |
| 2. | Verify instrument displays tim | e and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompted | • | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 7. | When "PLEASE BLOW" app | ears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; an | d | |
| 10. | | ister is being changed before expiratinged every four months or after 125 | |
| I certify that procedures w Department of | on the day of vere performed on the instrument inc of Health and Human Services, and | dicated above, in accordance with cut the instrument is functioning properly | forgoing preventive maintenance rrent regulations of the N.C. |
| WWWD SEET WARD SEET WAS AND SEED WAS AND SEE | CONSTRUCTION OF THE PARTY OF TH | Aldan- | 632 |
| | Sign | nature of Certifying Official | Certificate Number |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 02/13/2008

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: AG722602-26 Exp Date: 08/13/2009

| g/210L | Time |
|--------------|----------------------------------|
| Pass .00 .07 | 3:52pm 3:53pm 3:54pm |
| | 3:55pm 3:55pm |
| .00 | 3:56pm |
| .00 | 3:58pm |
| .00 | 3:59pm |
| | Pass .00 .07 .00 .00 |

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 156 Serial Number: 008659 Test Time: 4:02pm EST Test Date: 02/13/2008

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:02pm |
| FLO | Pass | 4:02pm |
| FC | Pass | 4:02pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:03pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 4:03pm |

CRC Tests

| .ss 4:03pm .ss 4:03pm |
|------------------------------|

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | onsyth | _ Instrument Location Fo.1159 | 41 Co Detertion |
|--|--|--|-----------------------------------|
| Instrument S | erial No. <u>00 8660</u> | <u> </u> | TEN |
| The preventi | | Intoximeters, Model Intox EC/IR II to | be followed at least once every |
| 1. | Verify the ethanol gas caniste 34 degrees, plus or minus .2 d | er displays pressure, or the alcoholic bedgree centigrade; | reath simulator thermometer shows |
| 2. | Verify instrument displays tin | ne and date; | |
| 3. | Initiate breath test sequence; | | |
| 4. | Enter information as prompte | d; | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 7. | When "PLEASE BLOW" ap | pears, collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; a | nd | |
| 10. | | nister is being changed before expirate anged every four months or after 125 | |
| | | the instrument is functioning properly | |
| CREATS THE CAREATS THE CONTROL OF THE CAREATS THE CARE | S CAROLLI CARO | | |
| APRIL 12, TTE | | nature of Certifying Official | Certificate Number |
| | and the Sign | matare of Certifying Official | , Continuate Mullibel |

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 02/13/2008

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: AG722601-21 Exp Date: 08/13/2009

| Test | g/210L | Time |
|---------------------|--------|------------------|
| DIAG | Pass | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| ACCY CHK AIR BLK | .08 | 3:09pm 3:10pm |
| SUB TEST | .00 | 3:10pm |
| AIR BLK | .00 | 3:12pm |
| SUB TEST | .00 | 3:13pm |
| ATR BLK | .00 | 3:14pm |

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

O Analy

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 160
Test Date: 02/13/2008 Test Time: 3:17pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 3:17pm 3:17pm |
| FC | Pass | 3:17pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 3:17pm |
| SRC | Pass | 3:17pm |
| DET | Pass | 3:17pm |
| BAR | Pass | 3:17pm |
| \mathtt{BT} | Pass | 3:17pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:18pm |

Printer Tests

| rest | Status | Time |
|------|--------|--------|
| PRNT | Pass | 3:18pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:18pm |
| CAL | Pass | 3:18pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Me | cklenburg Instrument Location Matthews PD |
|---|--|
| Instrument Seria | 1201 Crews Road, Matthews 704-847-4069 |
| The preventive if four months are: | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every: |
| . 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 15+ day of February, 2005 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OTHE STATE OF THE | Signature of Certifying Official Certificate Number |

MATTHEWS PD

Serial Number: 008699 Test Date: 02/01/2008

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Sex: Male

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

citation Number - Wooddoor o

Analyst's Name: HUTCHINSON, JOSEPH E Analyst's Name: HUTCHINSON, JOSEPH E Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: HUTCHINSON, JOSEPH E Officer's Name: HUTCHINSON, JOSEPH E

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Si/qnature of Chemical Analyst

Analyst/Officer Copy

Intox EC/IR-II: Subject Test

MATTHEWS PD

Serial Number: 008699 Test Date: 02/01/2008

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test q/210L Time DIAG Pass 3:27pmAIR BLK .00 3:27pm3:28pm ACCY CHK .08 AIR BLK .00 3:29pmSUB TEST .00 3:29pm AIR BLK .00 3:30pm 3:32pm SUB TEST .00 AIR BLK .00 3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

MATTHEWS PD

Serial Number: 008699 Test Date: 02/01/2008 Test Record Number: 37
Test Time: 3:35pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:35pm |
| FLO | Pass | 3:35pm |
| FC | Pass | 3:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:35pm |
| SRC | Pass | 3:35pm |
| DET | Pass | 3:35pm |
| BAR | Pass | 3:35pm |
| BT | Pass | 3:35pm |

Blank Tests

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

Printer Tests

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

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 3:36pm |
| CAL | Pass | 3:36pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_Me | cklenburg Instrument Location Matthews PD |
|--|--|
| Instrument Seria | INO. 008699 1201 Crews Road, Matthews |
| | 704 - 847 - 4069 |
| The preventive r | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 5th day of February, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| O'THE STATE OF THE | Signature of Certifying Official Certificate Number |

MATTHEWS PD

Serial Number: 008699 Test Date: 02/05/2008

citation Number: Muuuuuu-u

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: HUTCHINSON, JOSEPH E

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722802

Exp Date: 08/15/2009

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

.00 g/210L Reported AC:

fure of Chemical Analyst

DMV

Intox EC/IR-II: Subject Test

MATTHEWS PD

Serial Number: 008699 Test Date: 02/05/2008

Citation Number: M0000000

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: HUTCHINSON, JOSEPH E

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

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

Test q/210L Time DIAG 12:00pm Pass AIR BLK .00 12:00pm ACCY CHK .07 12:01pm AIR BLK .00 12:02pm SUB TEST .00 12:03pm 12:04pm AIR BLK .00 SUB TEST .00 12:06pm

Reported AC; .,00 g/210L

12:07pm

AIR BLK .00

t/ure of Chemical Analyst

Defendant's Copy

MATTHEWS PD

Serial Number: 008699 Test Date: 02/05/2008

Test Record Number: 55 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

Pass

12:09pm

Preventive Maintenance Status: Pass

CAL

Ănalyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

| County | Trokes Instrument Location King P.D. |
|--|--|
| Instrument S | derial No. 008610 King, N.C. |
| The preventi | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures w Department of | on the Aday of February, 2008 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Stop Service of the s |

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

Signature of Certifying Official

Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 02/20/2008

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: AG722801-19 Exp Date: 08/15/2009

| Test | g/210L | Time |
|-----------------------------|--------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 4:27pm 4:27pm 4:28pm |
| AIR BLK SUB TEST | .00 .00 | 4:29pm 4:29pm |
| AIR BLK SUB TEST | .00 .00 | 4:30pm 4:32pm |
| AIR BLK | .00 | 4:33pm |

Reported AC: .09-g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 243
Test Date: 02/20/2008 Test Time: 4:34pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:35pm |
| FLO | Pass | 4:35pm |
| FC | Pass | 4:35pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:35pm |
| SRC | Pass | 4:35pm |
| DET | Pass | 4:35pm |
| BAR | Pass | 4:35pm |
| BT | Pass | 4:35pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:36pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:36pm |
| | CRC Tests | |
| Test | Status | Time |

4:36pm

4:36pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Sa | Instrument Location Swain Co. Jail |
|--|---|
| Instrument Serial | No. 8727 Pryson City, NC |
| The preventive m four months are: | aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 28 day of February, 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. alth and Human Services, and the instrument is functioning properly. |
| THE STATE OF NO. 1772 | Cail R. Cutha 635 |
| | Signature of Certifying Official Certificate Number |

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 02/28/2008

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: AG7220702

Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------------------|-------------|-------------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 | 12:31pm 12:32pm 12:33pm |
| ACCI CHK | .00 | 12:33pm |
| SUB TEST | .00 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| SUB TEST | .00 | 12:36pm |
| AIR BLK | .00 | 12:37pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Emil K Cuth

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 52

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|--------------------|
| IR FLO | Pass Pass | 12:38pm 12:38pm |
| FC | Pass | 12:38pm |

Temperature Tests

| | L2:38pm |
|-----------|---------|
| | L2:38pm |
| | L2:38pm |
| | L2:38pm |
| BT Pass 1 | L2:38pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:39pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:39pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:39pm 12:39pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Sw | Instrument Location Sevan Co. Jail |
|---|--|
| Instrument Seria | INO. 8723 Bryson City, NC |
| The preventive r four months are: | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on t procedures were Department of H | the 28 day of 16000000000000000000000000000000000000 |
| THE STATE OF NO. | Signature of Cartificing Official Cartificate Number |

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 02/28/2008

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: AG722702 Exp Date: 08/14/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:30pm |
| AIR BLK | .00 | 12:30pm |
| ACCY CHK | .08 | 12:31pm |
| AIR BLK | .00 | 12:32pm |
| SUB TEST | .00 | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| SUB TEST | .00 | 12:35pm |
| AIR BLK | .00 | 12:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 56 Test Date: 02/28/2008 Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:37pm |
| FLO | Pass | 12:37pm |
| FC | Pass | 12:37pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| ATR | Pass | 12:38pm |

Printer Tests

| Test | Status | Time |
|-------------|--------------|--------------------|
| PRNT | Pass | 12:38pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 12:38pm 12:38pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County J | ackson Instrument Location Jackson Co. Jail |
|---|---|
| Instrument Ser | ial No. 00 x 72.2 Sylva, NC |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that or procedures wer Department of | n the <u>26</u> day of <u>February</u> , 20 <u>8</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| O'NE STATE ON THE STATE OF THE | Signature of Certifying Official Certificate Number |

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 02/26/2008

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: 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, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Test Record Number: 40 Serial Number: 008722 Test Date: 02/26/2008 Test Time: 1:32pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| 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 | 1:33pm |

Printer Tests

CAL

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:33pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 1:34pm |

1:34pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County //a | vivood i | Instrument Location Haye | good Co. Iciil |
|--|--|---|--|
| Instrument Ser | ial No. <u>8714</u> | Waynesville, | VC |
| The preventive four months as | e maintenance procedures for the Intoxi e: | meters, Model Intox EC/IR II | to be followed at least once every |
| 1. | Verify the ethanol gas canister displ 34 degrees, plus or minus .2 degree | | breath simulator thermometer shows |
| 2. | Verify instrument displays time and | l date; | |
| 3. | Initiate breath test sequence; | • | |
| 4. | Enter information as prompted; | | |
| 5. | Verify instrument accuracy; | | |
| 6. | When "PLEASE BLOW" appears, | collect breath sample; | • |
| 7. | When "PLEASE BLOW" appears, | collect breath sample; | |
| 8. | Print test record; | | |
| 9. | Verify Diagnostic Program; and | · | |
| 10. | Verify that the ethanol gas canister simulator solution is being changed whichever occurs first. | | |
| I certify that or procedures we Department of | n the day of for reperformed on the instrument indicate Health and Human Services, and the in | the dabove, in accordance with construment is functioning prope | ne forgoing preventive maintenance urrent regulations of the N.C. rly. |
| STATE OF STA | NO PLAN CARROLLING | | |
| CSE QUAM VIDE | a mil | e of Certifying Official | . 635 |
| | Signature | e of Certifying Official | Certificate Number |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 02/27/2008

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: AG722702 Exp Date: 08/14/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cerif R. Cath

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Test Record Number: 47 Serial Number: 008714

System Check: Passed

Baseline Tests

| Test | Status | Time |
|-----------|--------------|------------------|
| IR FLO | Pass Pass | 1:30pm 1:30pm |
| FC | Pass | 1:30pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 1:30pm |
| SRC | Pass | 1:30pm |
| DET | Pass | 1:30pm |
| BAR | Pass | 1:30pm |
| \mathtt{BT} | Pass | 1:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:31pm |

Printer Tests

| Test | Status | Time |
|------|--------|--------|
| PRNT | Pass | 1:31pm |

CRC Tests

| Test | Status | Time |
|------|--------|--------|
| COMP | Pass | 1:31pm |
| CAL | Pass | 1:31pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County //a) | Instrument Location Haywood Co. Jail |
|--|---|
| Instrument Seria | Instrument Location Haywood Co. Jail No. 8712 Waynesville, NC |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on to procedures were Department of H | the 27 day of February, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly. |
| THE STATE OF NO. 1775. NO. 1775. MARIE STATE OF NO. 1775. NO. 1775 | CAROLLA COMPANY |
| | Signature of Certifying Official Certificate Number |

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 02/27/2008

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: AG722702 Exp Date: 08/14/2009

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:51pm |
| AIR BLK | .00 | 12:52pm |
| ACCY CHK | .08 | 12:52pm |
| AIR BLK | .00 | 12:53pm |
| SUB TEST | .00 | 12:54pm |
| AIR BLK | 0.0 | 12:54pm |

 SUB TEST .00
 12:56pm

 AIR BLK .00
 12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 51 Test Date: 02/27/2008 Test Time: 12:59pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:59pm |
| FLO | Pass | 12:59pm |
| FC | Pass | 1:00pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:00pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 1:00pm |
| | CRC Tests | |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County | Nain Instrument Location Cherokee P.D. |
|--|---|
| Instrument Seri | al No. 008708 Cherokee, NC |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample, |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | the 28 day of February, 20 8 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| O'THE STATE OF THE | Signature of Certifying Official Certificate Number |

SWAIN COUNTY CHEROKEE POLICE DEPT 860

Serial Number: 008708 Test Date: 02/28/2008

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: AG722702 Exp Date: 08/14/2009

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 3:23pm 3:23pm |
| ACCY CHK | .08 | 3:24pm 3:24pm |
| SUB TEST | .00 | 3:25pm |
| AIR BLK | .00 | 3:26pm |
| SUB TEST | .00 | 3:27pm |
| ATR BLK | .00 | 3:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE POLICE DEPT 860

Serial Number: 008708 Test Record Number: 38 Test Date: 02/28/2008 Test Time: 3:29pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 3:29pm |
| FLO | Pass | 3:29pm |
| FC | Pass | 3:29pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 3:29pm |
| SRC | Pass | 3:29pm |
| DET | Pass | 3:29pm |
| BAR | Pass | 3:29pm |
| \mathtt{BT} | Pass | 3:29pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 3:30pm |

Printer Tests

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

Pass

3:30pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Jac | Instrument Location Jackson Co. Jail |
|---|--|
| Instrument Seria | 1No. 008606 Sylva, NC |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on t procedures were Department of H | the <u>26</u> day of <u>February</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. realth and Human Services, and the instrument is functioning properly. |
| TAR STATE OF NOTICE OF THE STATE OF THE | Signature of Certifying Official Certificate Number |

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008606 Test Date: 02/26/2008

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: 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, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .08 | 1:29pm 1:30pm 1:31pm |
| AIR BLK | .00 | 1:32pm |
| SUB TEST | .00 | 1:32pm |
| AIR BLK | .00 | 1:33pm |
| SUB TEST | .00 | 1:35pm |
| AIR BLK | .00 | 1:36pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008606 Test Record Number: 52 Test Date: 02/26/2008 Test Time: 1:38pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 1:39pm |

Printer Tests

Status

Test

Time

| PRNT | Pass | 1:39pm |
|-------------|--------------|------------------|
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL | Pass Pass | 1:40pm 1:40pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| Instrument Se | rial No. |
|---|--|
| Tilott Gilleric io | |
| The preventiv | |
| green, , | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4, | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| | t on theday of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| ATS AND | TE O NOTICE CANDING TO SERVICE OF THE SERVICE OF TH |

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 02/07/2008

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

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

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

| Test | g/210L | Time |
|-----------------|-------------|--------------------|
| DIAG AIR BLK | Pass .00 | 11:30pm 11:31pm |
| ACCY CHK | .08 | 11:31pm |
| AIR BLK | .00 | 11:32pm |
| SUB TEST | .00 | 11:33pm |
| AIR BLK | .00 | 11:34pm |
| SUB TEST | .00 | 11:35pm |
| AIR BLK | .00 | 11:36pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 172 Test Date: 02/07/2008 Test Time: 11:38pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 11:38pm |
| FLO | Pass | 11:38pm |
| FC | Pass | 11:39pm |

Temperature Tests

| Test | Status | Time |
|------|--------|---------|
| FC1 | Pass | 11:39pm |
| SRC | Pass | 11:39pm |
| DET | Pass | 11:39pm |
| BAR | Pass | 11:39pm |
| BT | Pass | 11:39pm |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 11:39pm |

Printer Tests

| Test | Status | Time |
|------|--------|---------|
| PRNT | Pass | 11:39pm |

CRC Tests

| Test | Status | Time |
|-------------|--------------|---------|
| COMP CAL | Pass Pass | 11:40pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_ | Nitchell Instrument Location Spruce Dine P.D. Serial No. 008726 Spruce Dine MC |
|--|---|
| Instrument S | Serial No. 008726 Spluce Pine, NC |
| The preventi | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that procedures v Department | on the <u>26</u> day of <u>February</u> , 20 <u>08</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE WITH THE PROPERTY OF THE | E O NO PLANT CAROLLE TO THE CAROLLE |
| | Signature of Certifying Official Certificate Number |

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 02/26/2008

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

12/01/2007-12/01/2009

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 8:22pm |
| AIR BLK | .00 | 8:23pm |
| ACCY CHK | .08 | 8:23pm |
| AIR BLK | .00 | 8:24pm |
| SUB TEST | .00 | 8:25pm |
| 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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 40 Test Date: 02/26/2008 Test Time: 8:29pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 8:29pm |
| SRC | Pass | 8:29pm |
| DET | Pass | 8:29pm |
| BAR | Pass | 8:29pm |
| BT | Pass | 8:29pm |

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 |

8:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ave | Instrument Location Banner Elk PD |
|--|--|
| Instrument Serial | No. 008724 Banner EIK, NC |
| The preventive m four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on t procedures were Department of H | he <u>22</u> day of <u>February</u> , 20 <u>09</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly. |
| THE COLUMN VIBRAL TO SEE CHAM VIBRAL TO SE CHAM VIBRA VIBR | 649 |

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 02/22/2008

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: BURNETTE, ANTHONY J Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------------------|--------------------|----------------------------|
| DIAG AIR BLK ACCY CHK | Pass .00 .07 | 4:23pm 4:24pm 4:24pm |
| AIR BLK | .00 | 4:25pm |
| SUB TEST | .00 | 4:25pm |
| AIR BLK | .00 | 4:26pm |
| SUB TEST | .00 | 4:28pm |
| AIR BLK | .00 | 4:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 45 Test Date: 02/22/2008 Test Time: 4:29pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 4:29pm |
| FLO | Pass | 4:29pm |
| FC | Pass | 4:30pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 4:30pm |
| SRC | Pass | 4:30pm |
| DET | Pass | 4:30pm |
| BAR | Pass | 4:30pm |
| BT | Pass | 4:30pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 4:30pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 4:30pm |
| | CRC Tests | |
| Test | Status | Time |
| COMP | Pass | 4:30pm |

4:30pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County A | Instrument Location AVELY (O. Jail |
|--|--|
| Instrument Ser | ial No. <u>CO8664</u> <u>Newland NC</u> |
| The preventive four months ar | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or procedures we Department of | the 22 day of 6,000 day of 5,000 day of 5,00 |
| STATE OUT THE STATE OF THE STAT | 10gram 10gram |
| | Signature of Certifying Official Certificate Number |

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 02/22/2008

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: Burnette, Anthony J
Permit Number: 11304E
Effective:

10/01/2007-10/01/2009

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

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 2:54pm 2:55pm |
| ACCY CHK | .07 | 2:55pm |
| AIR BLK | .00 | 2:56pm |
| SUB TEST | .00 | 2:57pm |
| AIR BLK | .00 | 2:57pm |
| SUB TEST | .00 | 2:59pm |
| AIR BLK | .00 | mq00:8 |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 45
Test Date: 02/22/2008 Test Time: 3:01pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 3:02pm |
| SRC | Pass | 3:02pm |
| DET | Pass | 3:02pm |
| BAR | Pass | 3:02pm |
| BT | Pass | 3:02pm |
| | | |

Blank Tests

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

Printer Tests

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

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /// | tauga Instrument Location Watauga Co Jail |
|---|--|
| Instrument Se | rial No. 008716 Instrument Location Wataya Co. Jack Boone, NO. |
| The preventive four months a | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
| I certify that of procedures we Department of | n the <u>29</u> day of <u>February</u> , 2008 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| SLIVE STATE OR AN AND SERVE | Service Control of the control of th |
| | Signature of Certifying Official Certificate Number |

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Date: 02/29/2008

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: Burnette, Anthony J
Permit Number: 11304E
Effective:

10/01/2007-10/01/2009

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

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

| Test | g/210L | Time |
|----------|--------|--------|
| DIAG | Pass | 6:39pm |
| AIR BLK | .00 | 6:39pm |
| ACCY CHK | .08 | 6:40pm |
| AIR BLK | .00 | 6:41pm |
| SUB TEST | .00 | 6:43pm |
| AIR BLK | .00 | 6:43pm |
| SUB TEST | .00 | 6:45pm |
| AIR BLK | .00 | 6:46pm |
| | | |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Record Number: 36 Test Date: 02/29/2008 Test Time: 6:46pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:47pm |
| FLO | Pass | 6:47pm |
| FC | Pass | 6:47pm |

Temperature Tests

| Test | Status | Time |
|---------------|--------|--------|
| FC1 | Pass | 6:47pm |
| SRC | Pass | 6:47pm |
| DET | Pass | 6:47pm |
| BAR | Pass | 6:47pm |
| \mathtt{BT} | Pass | 6:47pm |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:47pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 6:48pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

COMP Pass 6:48pm CAL Pass 6:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Wa | Instrument Location Watavga Co. Juil |
|--|--|
| | erial No. 008715 Instrument Location Watavga Co. Juil Boone, NC |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that of procedures we Department o | on the |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number |

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 02/29/2008

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: Burnette, Anthony J
Permit Number: 11304E
Effective:
10/01/2007-10/01/2009

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

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 6:40pm 6:41pm |
| ACCY CHK | .08 | 6:41pm |
| AIR BLK | .00 | 6:42pm |
| SUB TEST | .00 | 6:43pm |
| AIR BLK | .00 | 6:44pm |
| SUB TEST | .00 | 6:45pm |
| AIR BLK | .00 | 6:46pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 48 Test Date: 02/29/2008 Test Time: 6:47pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 6:47pm |
| FLO | Pass | 6:47pm |
| FC | Pass | 6:47pm |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 6:47pm |
| SRC | Pass | 6:47pm |
| DET | Pass | 6:47pm |
| BAR | Pass | 6:47pm |
| BT | Pass | 6:47pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|--------|
| AIR | Pass | 6:48pm |

Printer Tests

| Test | Status | Time |
|------|-----------|--------|
| PRNT | Pass | 6:48pm |
| | CRC Tests | |
| Test | Status | Time |
| | | |

COMP Pass 6:48pm CAL Pass 6:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M | ecklenburg Instrument Location Mecklenburg County 5D |
|--|---|
| Instrument Ser | ial No. 008665 801 East 4th Street, Charlotte |
| | 704 - 353-0180 |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e: |
| 1. | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade; |
| 2. | Verify instrument displays time and date; |
| 3. | Initiate breath test sequence; |
| 4. | Enter information as prompted; |
| 5. | Verify instrument accuracy; |
| 6. | When "PLEASE BLOW" appears, collect breath sample; |
| 7. | When "PLEASE BLOW" appears, collect breath sample; |
| 8. | Print test record; |
| 9. | Verify Diagnostic Program; and |
| 10. | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of I | the 15+ day of February, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF THE STATE OF TH | AROLLING STATE OF THE STATE OF |
| Was to the Communication of th | Signature of Certifying Official Certificate Number |
| | |

MECKLENBURG COUNTY SD

Serial Number: 008665 Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 02/01/2008

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: HUTCHINSON, JOSEPH E

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| AIR BLK . ACCY CHK . AIR BLK . SUB TEST . AIR BLK . SUB TEST . | Pass 00 07 00 00 00 00 | 12:22pm 12:23pm 12:23pm 12:24pm 12:25pm 12:26pm 12:28pm 12:29pm |
|--|--|--|

Reported AC: .00 g/210L

of Chemical Analyst

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008665 Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 02/01/2008

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: HUTCHINSON, JOSEPH E

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|----------|--------|---------|
| DIAG | Pass | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| ACCY CHK | .07 | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| SUB TEST | .00 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| SUB TEST | .00 | 12:28pm |
| AIR BLK | .00 | 12:29pm |

Reported AC:/ ..00 g/210L

of Chemical Analyst

Court CVR

Court CR

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 02/01/2008

Test Record Number: 121
Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|---------|
| IR | Pass | 12:19pm |
| FLO | Pass | 12:19pm |
| FC | Pass | 12:20pm |

Temperature Tests

| Test | Status | Time |
|--------------------------------|--------------------------------------|---|
| FC1 SRC DET BAR BT | Pass Pass Pass Pass Pass | 12:20pm 12:20pm 12:20pm 12:20pm 12:20pm |
| | | |

Blank Tests

| Test | Status | Time |
|------|--------|---------|
| AIR | Pass | 12:20pm |

Printer Tests

| Test | Status | Time |
|------|-----------|---------|
| PRNT | Pass | 12:20pm |
| | CRC Tests | |

| Test | Status | Time |
|------|--------|---------|
| COMP | Pass | 12:21pm |
| CAL | Pass | 12:21pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| four months are: | Instrument Location Mecklenburg County SD 801 East 4th Street, Charlotte 704-353-0180 Intoximeters, Model Intox EC/IR II to be followed at least once every |
|---|--|
| The preventive maintenance procedures for the four months are: 1. Verify the ethanol gas caniste | 801 East 44h Street, Charlotte 704-353-0180 |
| four months are: 1. Verify the ethanol gas caniste | 704-353-0180 |
| four months are: 1. Verify the ethanol gas caniste | Intoximeters, Model Intox EC/IR II to be followed at least once every |
| | |
| 54 degrees, plus of littles is | er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade; |
| 2. Verify instrument displays ti | me and date; |
| 3. Initiate breath test sequence; | |
| 4. Enter information as prompte | ed; |
| Verify instrument accuracy; | |
| 6. When "PLEASE BLOW" ap | ppears, collect breath sample; |
| 7. When "PLEASE BLOW" ap | opears, collect breath sample; |
| 8. Print test record; | |
| 9. Verify Diagnostic Program; | and |
| 10. Verify that the ethanol gas ca simulator solution is being cl whichever occurs first. | anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests, |
| I certify that on theday of day of procedures were performed on the instrument i Department of Health and Human Services, and | , 20 08 the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly. |
| STATE OF NORTH OF THE STATE OF NORTH OF THE STATE OF THE | Halander 65 description of Certificate Number |

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 02/04/2008

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

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:14am 9:14am |
| ACCY CHK | .08 | 9:15am |
| AIR BLK | .00 | 9:16am |
| SUB TEST | .00 | 9:16am |
| AIR BLK | .00 | 9:17am |
| SUB TEST | .00 | 9:19am |
| AIR BLK | .00 | 9:20am |

/----

Reported AC: ..00 g/210L

Chemical Analyst

DMV

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 02/04/2008

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: HUTCHINSON, JOSEPH E Officer's Name: HUTCHINSON, JOSEPH E

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

| Test | g/210L | Time |
|-----------------|--------|------------------|
| DIAG AIR BLK | Pass | 9:14am 9:14am |
| ACCY CHK | .08 | 9:15am |
| AIR BLK | .00 | 9:16am |
| SUB TEST | .00 | 9:16am |
| AIR BLK | .00 | 9:17am |
| SUB TEST | .00 | 9:19am |
| AIR BLK | .00 | 9:20am |

Reported AC: .00 g/210L

Chemical Analyst

Defendant's Copy

MECKLENBURG COUNTY SD

Serial Number: 008665

Test Record Number: 125 Test Date: 02/04/2008 Test Time: 9:22am EST

System Check: Passed

Baseline Tests

| Test | Status | Time |
|------|--------|--------|
| IR | Pass | 9:22am |
| FLO | Pass | 9:22am |
| FC | Pass | 9:23am |

Temperature Tests

| Test | Status | Time |
|------|--------|--------|
| FC1 | Pass | 9:23am |
| SRC | Pass | 9:23am |
| DET | Pass | 9:23am |
| BAR | Pass | 9:23am |
| BT | Pass | 9:23am |

Blank Tests

| Test | Status | Time | |
|------|--------|----------|--|
| AIR | Pass | 9 · 23am | |

Printer Tests

| Test | Status | Time |
|--------------|--------------|------------------|
| PRNT | Pass | 9:23am |
| | CRC Tests | |
| Test | Status | Time |
| COMP CAL, | Pass Pass | 9:24am 9:24am |

Preventive Maintenance Status: Pass

9:24am