PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///	acon	Instrument Location 17/16con	Co. Jail
Instrument Ser	rial No. <u>//08618</u>	Franklin, NC	
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breat legree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alc	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	on the <u>/2</u> day of <u>A</u> ere performed on the instrument ir f Health and Human Services, and	1 the instrument is functioning properly.	rgoing preventive maintenance at regulations of the N.C.
THE STATE OF THE S	OR AROUND	P. R. Litt	635
	Sig	gnature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 11/12/2008

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:38am 11:39am
ACCY CHK	.07	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
ATR BIK	. 0.0	11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Reif R. Cith-Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Record Number: 467
Test Date: 11/12/2008 Test Time: 11:45am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

Test	Status	Time
PRNT	Pass	11:46am
	CRC Tests	
Test	Status	Time

11:46am

11:46am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	con	Instrument Location	Macon	Co. Jail
	1No. <u>108763</u>			
The preventive n four months are:	naintenance procedures for the In	toximeters, Model Intox	EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		alcoholic breath	simulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath samp	le;	
7.	When "PLEASE BLOW" appe	ears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed be nged every four months	fore expiration of after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that on procedures were Department of I	the day of performed on the instrument ind Health and Human Services, and t	jected above, in accordance instrument is function) 68 the for ance with curren ning properly.	going preventive maintenance t regulations of the N.C.
STATE OF THE STATE	OR THE CAROLINA CONTRACTOR OF THE CAROLINA CONTR	nature of Certifying Offi		<u> </u>
	Sigr	nature of Certifying Offi	cial	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 11/12/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:39am 11:40am 11:40am 11:41am 11:42am 11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Earl R. lith

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 69 Test Date: 11/12/2008 Test Time: 11:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:46am
FLO	Pass	11:46am
FC	Pass	11:46am

Temperature Tests

Test	Status	Time
FC1	Pass	11:46am
SRC	Pass	11:46am
DET	Pass	11:46am
BAR	Pass	11:46am
\mathtt{BT}	Pass	11:46am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:47am

Pass 11:47am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Instrument Loca	ation Macon Co.	Magistante
Instrument Ser	erial No. <u>008795</u> <u>81 Maps</u>	le St. Hickory	ds, NC
The preventive four months are	ve maintenance procedures for the Intoximeters, Model are:	Intox EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister displays pressure, o 34 degrees, plus or minus .2 degree centigrade;	r the alcoholic breath simu	lator 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 s	sample;	
7.	When "PLEASE BLOW" appears, collect breath s	sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four moswhichever occurs first.		
	on theday of		preventive maintenance lations of the N.C.
STATE OF THE STATE	En R Cut	<u></u>	635
	Signature of Certifying	Official	Certificate Number

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 11/12/2008

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: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:36pm 1:36pm 1:37pm 1:38pm 1:38pm 1:39pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 77 Test Date: 11/12/2008 Test Time: 1:42pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:43pm

Preventive Maintenance Status: Pass

Pass

1:43pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PH	Instrument Location Pitt Co. Deleghon Contes
Instrument Serial	No. DO8668 124 Detention D. Genrille, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
OF WE STATE OF NO.	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 11/25/2008

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

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

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

Analyst's Name: 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

Toot

rest	9/2101	111116
DIAG	Pass	1:28pm
AIR BLK	.00	1:29pm
ACCY CHK	.07	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

c/210T

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Record Number: 669
Test Date: 11/25/2008 Test Time: 1:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:36pm 1:36pm
FC	Pass	1:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
BT	Pass	1:36pm

Blank Tests

Test	Status	Time
ATR	Pass	1:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:37pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:37pm CAL Pass 1:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pit	<i>t</i>	Instrument Location	on P.H.Co.	Deteration	Cento.
Instrument Seria	1No. <u>008662</u>	194 Walan	hin Di	, Evenul	10, N.C.
The preventive r four months are:	naintenance procedures for the I	ntoximeters, Model In	tox EC/IR II to b	e followed at least o	nce every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		he alcoholic brea	th simulator thermor	meter 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" appears, collect breath sample;				
7.	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;				
9.	Verify Diagnostic Program; an	ıd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed nged every four month	before expiration as or after 125 Al	date, or the alcohol coholic Breath Simi	ic breath ilator tests,
I certify that on procedures were Department of H	theday of performed on the instrument ind lealth and Human Services, and	dicated above, in accorthe instrument is funct	20 the fordance with current ioning properly.	orgoing preventive n ent regulations of the	naintenance N.C.
THE STATE OF A VIEW TO STATE OF	CAROLL Sign	nature of Certifying O	fficial		lumber

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 11/25/2008

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: 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 .00	1:26pm 1:27pm
AIR BLK ACCY CHK	.07	1:28pm
AIR BLK	.00	1:29pm
SUB TEST AIR BLK	.00 .00	1:29pm 1:30pm
SUB TEST	.00	1:31pm
ATP BLK	በበ	1.32 rsm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Record Number: 269
Test Date: 11/25/2008 Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:36pm

Printer Tests

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

1:36pm

Preventive Maintenance

Pass

CAL

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $\overline{P_i}$	H	Instrument Location Ayde	· Police Dept
Instrument Se	rial No. <u>DD & la la la la</u>	4144 West Ave F	14/20/10/ 28513
The preventiv		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 briegree centigrade;	eath 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.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expirati anged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	ere performed on the instrument it	dicated above, in accordance with curl the instrument is functioning properly	rrent regulations of the N.C.
THE STATE OF THE S	Sign	gnature of Certifying Official	643 Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 11/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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 AIR BLK ACCY CHK	Pass .00 .07	9:51am 9:52am 9:52am
AIR BLK SUB TEST	.00 .00	9:53am 9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT AYDEN PD 730

Serial Number: 008666 Test Record Number: 261 Test Date: 11/25/2008 Test Time: 9:58am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:59am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	

Status	Time
Pass	10:00am
Pass	10:00am
	Pass

Preventive Maintenance Status: Pass

Analyst |

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hid	Instrument Location Hyde Co. Sheriff's OR
Instrument Seria	INO. 008801 1223 Mainst., Swan Quarter, N.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 10 day of 1000 per 1000, 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	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 11/10/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:21am 10:22am 10:23am 10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 83 Test Date: 11/10/2008 Test Time: $10:29am\ EST$

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:30am 10:30am 10:30am 10:30am 10:30am

Blank Tests

Test	Status	Time
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:30am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:30am 10:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dare	Instrument Location Date	Co. Detention Center	
Instrument	Serial No. <i>DD8804</i>	1044 Driftwood	1 Dr. Montoo, N.C.	
The prevent	ntive maintenance procedures for the Into	eximeters, 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	splays pressure, or the alcoholic breee centigrade;	eath 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	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		er is being changed before expiration to the every four months or after 125 A		
I certify that on the				
STATE OF THE CAREAU CONTROL OF THE CAREAU CO	KOUL I	7.(643	
	√Signa	ture of Certifying Official	Certificate Number	

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 11/04/2008

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: GUARD, KELLY G
Permit Number: 12955E
Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:28pm 2:29pm
ACCY CHK	.07	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

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Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analys

DARE COUNTY DARE CO DETENTION CE 270

Test Record Number: 236 Serial Number: 008804

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
BT	Pass	2:36pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:37pm 2:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location 1518 (O. Defention
Instrument Seri	al No. DO8783 1044 Diffwood Dr., Montes, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
ONE STATE OF CHANGE OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 11/04/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:27pm 2:28pm 2:29pm 2:30pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 83 Test Date: 11/04/2008 Test Time: 2:35pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	2.36pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

2:36pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dare	Instrument Location/	Douil Hills P.D.
Instrumen	t Serial No. <u>008844</u>	107, Town Hall I	Dr. Kill DevilHills, N.C.
The preve		he Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic b 2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, 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 expirat changed every four months or after 125	
procedure	s were performed on the instrument	the indicated above, in accordance with current the instrument is functioning proper	rrent regulations of the N.C.
CO DESCRIPTION OF THE PROPERTY		Signature of Certifying Official	Certificate Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 11/04/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	1:46pm
AIR BLK	.00	1:47pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
ATR BLK	.00	1:52pm

Reported AC: .09 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 216
Test Date: 11/04/2008 Test Time: 1:54pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:54pm
FLO	Pass	1:54pm
FC	Pass	1:54pm

Temperature Tests

Status	Time
Pass	1:54pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	1:55pm

Printer Tests

Test

CAL

PRNT	Pass	1:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:55pm

Status

Time

1:55pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Caldwell Instrument Location Caldwell Co	Jul		
Instrument Se	Serial No. 108803 Lenoit, MC	·		
The preventive four months as	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least s are:	once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	lic breath ulator tests,		
procedures wer	on the	naintenance e N.C.		
STATE OF THE STATE	100 100 100 100 100 100 100 100 100 100			
	Signature of Certifying Official Certificate N	lumber		

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 11/26/2008

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: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	4:56pm 4:57pm
ACCY CHK	.08	4:57pm
AIR BLK	.00	4:58pm
SUB TEST	.00	4:59pm
AIR BLK	.00	4:59pm
SUB TEST	.00	5:01pm
AIR BLK	.00	5:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 111 Test Date: 11/26/2008 Test Time: 5:03pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:03pm
FLO	Pass	5:03pm
FC	Pass	5:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:03pm
SRC	Pass	5:03pm
DET	Pass	5:03pm
BAR	Pass	5:03pm
BT	Pass	5:03pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:04pm
CAL	Pass	5:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	aldwell Instrument Location Caldwell Co. Jail
Instrument Ser	ial No. 108719 benoit, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>26</u> day of <u>Moy mycf</u> , 20 <u>8</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719 Test Date: 11/26/2008

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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:50pm 4:51pm 4:51pm 4:52pm 4:53pm 4:54pm
SUB TEST	.00	4:55pm
AIR BLK	.00	4:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 270 Test Date: 11/26/2008 Test Time: 4:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:57pm
FLO	Pass	4:57pm
FC	Pass	4:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
$\mathtt{B}\mathbf{T}$	Pass	4:57pm

Blank Tests

Test	Status	Time
AIR	Pass	4:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:58pm

Pass

4:58pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	County Mad	ism Instrument Location Mars Hill P.D.
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	Instrument Seria	1 No. <u>008599</u> <u>Mais 14:11, NC</u>
34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	•	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	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 tests whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	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 tests 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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. 1 certify that on the	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 breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before 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	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
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.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
	procedures were	performed on the instrument indicated above, in accordance with current regulations of the N.C.
Cignoture of Cartifying Official Cartificate Number	O THE STATE OF N. 20. 1773 A. V. STATE OF N. 20.	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Date: 11/12/2008

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: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	6:17pm
AIR BLK	.00	6:18pm
ACCY CHK	.07	6:19pm
AIR BLK	.00	6:19pm
SUB TEST	.00	6:20pm
AIR BLK	.00	6:21pm
SUB TEST	.00	6:22pm
ATR BLK	. 0.0	6:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Record Number: 292 Test Date: 11/12/2008 Test Time: 6:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:25pm
FLO	Pass	6:25pm
FC	Pass	6:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:25pm
SRC	Pass	6:25pm
DET	Pass	6:25pm
BAR	Pass	6:25pm
BT	Pass	6:25pm

Blank Tests

Test	Status	Time
AIR	Pass	6:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:26pm 6:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Mars Hill P.D.
Instrument Se	erial No. <u>CO8582</u> <u>Mars 1411, NC</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on the
STATION OF THE STATIO	CAROLL CA
	Signature of Certifying Official Certificate Number

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 11/12/2008

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: AG723301 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	6:16pm 6:17pm 6:18pm 6:19pm 6:20pm
AIR BLK SUB TEST	.00 .00	6:21pm 6:22pm
AIR BLK	.00	6:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 490 Test Date: 11/12/2008 Test Time: 6:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:24pm
FLO	Pass	6:24pm
FC	Pass	6:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:24pm
SRC	Pass	6:24pm
DET	Pass	6:24pm
BAR	Pass	6:24pm
BT	Pass	6:24pm

Blank Tests

Test	Status	Time
AIR	Pass	6:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:25pm
	CRC Tests	
Test	Status	Time

Test :		
	Pass Pass	6:25pm 6:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Foresyth	Instrument Location Kear	versuille P.D.
Instrument	Serial No. <u>60 8650</u>		
The prever	•	the Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic and alcoholic a	breath simulator thermometer show
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	m; and	
10.		s canister is being changed before expira g changed every four months or after 12:	
procedures	were performed on the instrume	th nt indicated above, in accordance with c and the instrument is functioning proper	urrent regulations of the N.C.
SED REAL CREAT SECTION OF SECTION	ME OF NORTH CAROLINA	Signature of Certifying Official	

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 11/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722501-07 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00	11:01am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: ...00 g/210L

Winathire of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 262 Test Time: 11:08am EST Test Date: 11/25/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:08am
FLO	Pass	11:08am
FC	Pass	11:08am

Temperature Tests

Test	Status	Time
FC1	Pass	11:08am
SRC	Pass	11:08am
DET	Pass	11:08am
BAR	Pass	11:08am
BT	Pass	11:08am

Blank Tests

Test	Status	Time
AIR	Pass	11:09am

Printer Tests

Test	Status	Time
PRNT	Pass	11:09am

CRC Tests

Test	Status	Time
COMP	Pass	11:09am
CAL	Pass	11:09am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Department of Health and Human Services Rev. 12/2007

Forensic Tests for Alcohol Branch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ashe	Instrument Location Ashe	Co 501
Instrument	Serial No. <u>608849</u>		
The preven	-	for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		canister displays pressure, or the alcoholic bronus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	ігасу;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	
7.	When "PLEASE BLO	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	gram; and	
10.		gas canister is being changed before expiration eing changed every four months or after 125 A	
procedures	were performed on the instru	ment indicated above, in accordance with current, and the instrument is functioning properly	rent regulations of the N.C.
STAR STAR	TEO NO CAROLINA CAROL	e Alexander	632
		Signature of Certifying Official	Certificate Number

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 11/24/2008

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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:14pm 12:15pm 12:16pm
AIR BLK SUB TEST	.00 .00	12:16pm 12:17p m
AIR BLK	.00	12:17pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 129
Test Date: 11/24/2008 Test Time: 12:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test St	tatus	Time
=	ass	12:23pm
SRC Pa	ass	12:23pm
DET Pa	ass	12:23pm
BAR Pa	ess	12:23pm
BT Pa	ass	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

Pass

12:23pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Albertain Instrument Location Allertain	50.1
	t Serial No. <u>008890</u>	- N. P.A
The preventi	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at as are:	least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator to 34 degrees, plus or minus .2 degree centigrade;	hermometer 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 a simulator solution is being changed every four months or after 125 Alcoholic Breat whichever occurs first.	lcoholic breath h Simulator tests,
I certify that procedures we Department of	at on the	itive maintenance of the N.C.
TATE OF THE CORE O	Jan Colombia	32
	Signature of Certifying Official Certific	cate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 11/24/2008

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

m/0107 ml----

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:30pm 1:31pm 1:31pm 1:32pm 1:33pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm

Reported AC, .00/g/210L

gnature of Chemical Analyst

Court CVR

Analyst

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Rec Test Date: 11/24/2008 Test Tim

Test Record Number: 70
Test Time: 1:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	1:37pm 1:37pm
BAR	Pass	1:37pm 1:37pm
BT	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1 · 38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:38pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Wilkes	Instrument Location 10. 0	n. lkostonu P.O
Instrumer	nt Serial No. <u>008862</u>		
The preve		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic b .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as prom	npted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		s canister is being changed before expirate g changed every four months or after 125	
		Novembere, 20 <u>OS</u> the nt indicated above, in accordance with cu and the instrument is functioning properly	
S S S S S S S S S S S S S S S S S S S	TATE OF 20. 1772 CAR	Allen-	
		Signature of Certifying Official	Certificate Number

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Date: 11/21/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:45pm 2:46pm 2:46pm 2:47pm 2:48pm
AIR BLK SUB TEST AIR BLK	.00 .00	2:49pm 2:50pm 2:51pm

Reported AC: __.00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY NORTH WILKESBORO PD 960

Serial Number: 008862 Test Record Number: 57 Test Date: 11/21/2008 Test Time: 2:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53pm
FC	Pass	2:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:54pm
SRC	Pass	2:54pm
DET	Pass	2:54pm
BAR	Pass	2:54pm
\mathtt{BT}	Pass	2:54pm

Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

Printer Tests

Status

Test

Time

-000	Doddas	110
PRNT	Pass	2:54pm
	CRC Tests	
Test	Status	Time

COMP Pass 2:54pm CAL Pass 2:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	Instrument Location (ANIKES Co Count House
Instrument Seri	al No. <u>008843</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 11/21/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.07	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
AIR BLK	.00	2:02pm

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

Analyst

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 11/21/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:55pm
AIR BLK	.00	1:56pm
ACCY CHK	.07	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	1:58pm
AIR BLK	.00	1:59pm
SUB TEST	.00	2:01pm
ATR BLK	. 0.0	2:02pm

Reported AC: _00 ,g/2/1

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008734 Test Record Number: 167
Test Date: 11/21/2008 Test Time: 10:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:11pm
SRC	Pass	10:11pm
DET	Pass	10:11pm
BAR	Pass	10:11pm
BT	Pass	10:11pm

Blank Tests

Test	Status	Time
AIR	Pass	10:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:11pm 10:11pm

Preventive Maintenance Status: Pass

Analyst

CHATHAM COUNTY BAT MOBILE UNIT 4 180

Serial Number: 008734 Test Date: 11/21/2008

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:02pm 10:03pm 10:03pm 10:04pm 10:05pm 10:06pm 10:07pm
AIR BLK	.00	10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument S	Gerial No. 008616 CHARLOTTE, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the <u>JO</u> day of <u>NOVEMBER</u> , 20 <u>OS</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 STATE OF THE COLUMN TO T	

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 11/20/2008

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: 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	6:46pm 6:47pm
ACCY CHK	.07	6:47pm
AIR BLK	.00	6:48pm
SUB TEST	.00	6:49pm
AIR BLK	.00	6:50pm
SUB TEST	.00	6:51pm
AIR BLK	.00	6:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alula Bandyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 356

Test Date: 11/20/2008

Test Time: 6:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:54pm
FLO	Pass	6:54pm
FC	Pass	6:54pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	6:54pm 6:54pm 6:54pm 6:54pm 6:54pm
		_

Blank Tests

Test	Status	Time

AIR Pass 6:55pm

Printer Tests

rest	Status	TIME
PRNT	Pass	6:55pm
	CRC Tests	
Test	Status	Time

COMP	Pass	6:55pm
CAL	Pass	6:55pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	100RE Instrument Location BAT MOBILE UNIT 3
Instrument Ser	rial No. O 08616 SOUTHERN PINES, NG
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>33</u> day of <u>NOVEMBEQ</u> , 20 <u>08</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.
THE STATE OF THE TENTE OF THE T	

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008616 Test Date: 11/22/2008

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: 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	8:03pm
AIR BLK	.00	8:04pm
ACCY CHK	.07	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06pm
AIR BLK	.00	8:06pm
SUB TEST	.00	8:08pm
AIR BLK	.00	8:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008616 Test Date: 11/22/2008

Test Record Number: 362
Test Time: 8:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:10pm
FLO	Pass	8:10pm
FC	Pass	8:10pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:10pm 8:10pm
DET	Pass	8:10pm
BAR	Pass	8:10pm
BT	Pass	8:10pm

Blank Tests

Test	Status	Time .
AIR	Pass	8:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:11pm

Preventive Maintenance Status: Pass

Pass

8:11pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cle	veland Instrument Location Kings Man. P.D.		
Instrument Seria	1100. 008900 1125. Piedmont Ave., Kings M.H		
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 the 13 day of November, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
OF THE STATE OF NO.	Beful L. 1000 557 Signature of Certifying Official Certificate Number		

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 11/13/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:59pm 1:00pm
ACCY CHK	.07	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis
Analyst

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 11/13/2008 T

Test Record Number: 87
Test Time: 1:07pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
BT	Pass	1:07pm

Blank Tests

Test	Status	Time
AIR	Pass	1:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:08pm 1:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	eveland Instrument Location Cleveland Co. S.D.
Instrument Seri	al No. 008893 100 Justice Pl. Shelby 704-484-4888
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.
	the 13 day of 10 Vernber, 20 08 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.
STE CILAR TO STATE OF THE STATE	Belle of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 11/13/2008

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: WILLIS, BOBBY D

Permit Number: 08010E

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:33am 10:34am 10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Court CVR

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 165 Test Date: 11/13/2008 Test Time: 10:41am EST

System Check: Passed

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	10:42am
	CRC Tests	
Test	Status	Time

1000	2000	
COMP	Pass	10:43am
CAL	Pass	10:43am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cle	eveland Instrument Location Cleveland Co. S.D.
Instrument Seria	100 Justice Pl., Shelby 704-484-4888
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	he 3 day of November, 20 08 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF ACTION OF ACT	
A CONTRACTOR OF THE PARTY OF TH	Signature of Certifying Official Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Date: 11/13/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:54am 9:55am
ACCY CHK	.07	9:56am
AIR BLK	.00	9:56am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Record Number: 112 Test Date: 11/13/2008 Test Time: 10:02am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

Blank Tests

Test	Status	Time
AIR	Pass	10:03am

Printer Tests

Test	Status	Time
PRNT	Pass	10:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:03am 10:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOMINIETERS, MO	DEL INTOX EC/IR II		
County Ru	utherford Instrume	ent Location Foyes+ (1)+	y P. D.	
Instrument Seria		S. Church St., Fores	st City	
The preventive r four months are:	maintenance procedures for the Intoximeters, e:	Model Intox EC/IR II to be followed	at least once every	
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra		or thermometer shows	
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	Enter information as prompted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.			
	the day of November of the performed on the instrument indicated above Health and Human Services, and the instrument		ventive maintenance ons of the N.C.	
OF THE STATE OF A	CAROLINIA MARINA	tifying Official Cer	tificate Number	

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 11/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:43pm 12:44pm 12:45pm 12:46pm
AIR BLK	.00	12:47pm
SUB TEST	.00	12:49pm
AIR BLK	.00	12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Boffey D. Willis

Analyst

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 103 Test Date: 11/12/2008 Test Time: 12:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:51pm 12:51pm
FC	Pass	12:51pm

Temperature Tests

Status	Time
Pass	12:51pm
Pass	12:5 1p m
Pass	12:51pm
Pass	12:51pm
Pass	12:51pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΔTR	Pass	12:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:52pm
	CRC Tests	
Test	Status	Time

COMP Pass 12:52pm CAL Pass 12:52pm

Preventive Maintenance Status: Pass

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Rule	Horford Instrument Location Retherford Co. S.D.		
Instrument Seria	1No. 008914 400 N. Washington St., Rutherforton 828-627-6247		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the day of			
OF THE STATE OF NO.			
OTAM WIDOW	Signature of Certifying Official Certificate Number		

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Test Record Number: 158 Serial Number: 008914 Test Time: 11:13am EST Test Date: 11/12/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:14am 11:14am
FC	Pass	11:14am

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
\mathtt{BT}	Pass	11:14am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

Test	Status	Time
PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:15am

CAL Pass 11:15am

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 11/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bokley D. Willes
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	o.IK	Instrument Location_	Polk Co. S.D.	
,	ial No. <u>008833</u>	46 Ward St. 828-874-3	₹	
The preventive four months are		ximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the a se centigrade;	alcoholic breath simulator thermometer show	
2.	Verify instrument displays time an	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample	e;	
7.	When "PLEASE BLOW" appear	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed befored every four months of	ore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests	
I certify that on procedures wer Department of	n the day of \(\frac{1}{0}\) re performed on the instrument indicate Health and Human Services, and the	ated above, in accordan	the forgoing preventive maintenance with current regulations of the N.C. ing properly.	
THE STATE OF THE	A CAROLINA C	ure of Certifying Offic	ial Certificate Number	

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 11/10/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: WILLIS, BOBBY D

Permit Number: 08010E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:11am 10:12am 10:13am
AIR BLK SUB TEST	.00 .00	10:14am 10:15am
AIR BLK	.00	10:16am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis
Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 11/10/2008

Test Record Number: 83
Test Time: 10:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21am
FLO	Pass	10:21am
FC	Pass	10:22am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

COMP Pass 10:23am CAL Pass 10:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4	ANDX PH Instrument Location LIBERTY POLICE		
Instrument Ser	rial No. 008830 Dept. LIBERTY NO.		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that o procedures we Department of	on the		
THE CHAIN SEE CHAIN SE CHAIN SEE CHAIN SEE CHAIN SEE CHAIN SEE CHAIN SEE CHAIN SEE CHA	CAROUMAN AND THE STATE OF THE S		

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830 Test Date: 11/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:43pm 2:44pm 2:44pm 2:45pm 2:46pm 2:47pm
SUB TEST	.00	2:48pm
ATR BLK	.00	2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830

Test Record Number: 113

Test Date: 11/25/2008

Test Time: 2:50pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:51pm 2:51pm 2:51pm 2:51pm
BT	Pass	2:51pm

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	
™o a +	gtatug	Time

Test	Status	TIME
COMP	Pass	2:52pm
CAL	Pass	2:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANTOCA!	Instrument Location	ocal Co. Jaic
Instrument Se	rial No. <u>008899</u>	ASUEBORO N	
The preventiv		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic bred degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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.	
procedures we	re performed on the instrument	1018/13/13/12, 20 08 the indicated above, in accordance with cure and the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	COLUMN CAROLINA CAROL	2 male	371
	S	ignature of Certifying Official	Certificate Number

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 11/25/2008

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

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 297
Test Date: 11/25/2008 Test Time: 12:52pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	12:53pm
BAR	Pass	12:53pm
\mathtt{BT}	Pass	12:53pm

Blank Tests

rest	Status	Time
AIR	Pass	12:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:54pm 12:54pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANDOLPH Instrument Location RANDLEMAN POLICE
Instrument	t Serial No. DO8737 DEDT, RANDLEMAN NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the <u>25</u> day of <u>November</u> , 20 <u>08</u> the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. in the of Health and Human Services, and the instrument is functioning properly.
GREAT S. F.	ATE ON NORTH AND THE STATE OF T
	Signature of Certifying Official Certificate Number

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737 Test Date: 11/25/2008

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:42am 11:43am
ACCY CHK AIR BLK	.07 .00	11:44am 11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

RANDOLPH RANDLEMAN PD 750

Serial Number: 008737 Test Record Number: 136
Test Date: 11/25/2008 Test Time: 11:50am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
$_{ m BT}$	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Status

Test

CAL

Time

11:51am

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

Preventive Maintenance Status: Pass

Pass

) Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	Instrument Location ST. AULS POLICE Dept.		
Instrument Seria	ai No. 008814 ST. Pauls, 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.		
procedures were	the <u>21</u> day of <u>NOVENBER</u> , 20 <u>©</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.		
OF THE STATE OF A THE	Signature of Certifying Official Certificate Number		

ROBESON ST. PAULS PD. 770

Serial Number: 008814 Test Date: 11/21/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	10:35am 10:35am
ACCY CHK AIR BLK	.07 .00	10:36am 10:37am
SUB TEST	.00	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/210L

Signature) of Chemical Analyst

Court CVR

Analyst

ROBESON ST. PAULS PD. 770

Serial Number: 008814 Test Record Number: 55 Test Date: 11/21/2008 Test Time: 10:44am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Status

Printer Tests

Test

CAL

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

Time

10:45am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	TNECLAY	Instrument Location ANDE	XAH CO. JAK
Instrument Ser	ial No. <u>008860</u>	Ashehor A	k
The preventive four months are		e Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	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 expirati hanged every four months or after 125	
procedures wer	e performed on the instrument i	the instrument is functioning properly	rrent regulations of the N.C.
STATE ON STATE OF STA	CAROLIL CAROLIC CAROLI	gnature of Certifying Official	Certificate Number
	3	Similar of Certifying Official	Certificate Municipal

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Date: 11/25/2008

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

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

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

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

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

Test Type: Breath Test

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

lest	9/2101	TIME
DIAG AIR BLK	Pass	1:06pm 1:07pm
ACCY CHK	.00	1:07pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm

a/210T.

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RANDOLPH RANDOLPH CO. JAIL 750

Serial Number: 008860 Test Record Number: 142 Test Date: 11/25/2008 Test Time: 1:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
\mathtt{BT}	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

	a	
	CRC Tests	
PRNT	Pass	1:15pm
Test	Status	Time

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ROBESON Instrument Location LUMA	erton,	
Instrument	Serial No. <u>608805</u> <u>LEC.</u>		
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fas are:	ollowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alco whichever occurs first.		
procedure	at on the	oing preventive maintenance regulations of the N.C.	
SE S	Signature of Certifying Official	Certificate Number	

ROBESON LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 11/25/2008

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:41pm 3:42pm
ACCY CHK AIR BLK	.07	3:42pm 3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

ROBESON LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 218
Test Date: 11/25/2008 Test Time: 3:49pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:49pm 3:49pm
FC	Pass	3:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:50pm
SRC	Pass	3:50pm
DET	Pass	3:50pm
BAR	Pass	3:50pm
BT	Pass	3:50pm

Blank Tests

Test	Status	Time
AIR	Pass	3:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:50pm

3:50pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Sheson Instrument Location (OMberton)
Instrument Seria	11 No. 208836 LEC,
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 25 day of Novembere, 208 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO. 1712 OF NO. 1	Signature of Certifying Official Certificate Number

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

ROBESON LUMBERTON, LEC 770

Serial Number: 008836 Test Date: 11/25/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:01pm
ACCY CHK	.07	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	.00	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON LUMBERTON, LEC 770

Serial Number: 008836 Test Record Number: 166
Test Date: 11/25/2008 Test Time: 4:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:09pm
FLO	Pass	4:09pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

Blank Tests

Test	Status	Time
AIŘ	Pass	4:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:10pm

4:10pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County R	OBESON Instrument Location FEMBROKE
Instrument Seria	No. 003837 POLICE DEPT.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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TO THE STATE OF TH	See Consumo 528

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

Signature of Certifying Official

Certificate Number

ROBESON PEMBROKE, PD. 770

Serial Number: 008837 Test Date: 11/25/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

12/01/2007-12/01/2009

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

Agency: DHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:42pm 2:42pm 2:43pm
AIR BLK SUB TEST	.00 .00	2:44pm 2:44pm
AIR BLK	.00	2:45pm
SUB TEST	.00	2:47pm
AIR BLK	.00	2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON PEMBROKE, PD. 770

Serial Number: 008837 Test Record Number: 61 Test Date: 11/25/2008 Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:51pm
FLO	Pass	2:51pm
FC	Pass	2:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:51pm
SRC	Pass	2:51pm
DET	Pass	2:51pm
BAR	Pass	2:51pm
BT	Pass	2:51pm

Blank Tests

Test	Status	Time
ATR	Pass	2 · 52pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:52pm

Pass

2:52pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Sc	ot/Aud Instrument Location Scot Aud
Instrument Seria	INO. 008850 COUNTY STERIFF'S DEPT.
The preventive a	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.
	he <u>25</u> day of <u>NouEHDER</u> , 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE ON A STATE OF A	Signature of Certifying Official Certificate Number

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

SCOTLAND SCOTLAND CO. SD. 820

Serial Number: 008850 Test Date: 11/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:22pm 1:22pm
ACCY CHK	.07	1:23pm
AIR BLK SUB TEST	.00 .00	1:24pm 1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

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m : ...

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND SCOTLAND CO. SD. 820

Serial Number: 008850 Test Record Number: 84
Test Date: 11/25/2008 Test Time: 1:29pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
BT	Pass	1:30pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:31pm CAL Pass 1:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ro	beson Instrument Location RET	SPRINGS
Instrument Seria	al No. D& 8857 Police DEA	ot
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 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	
	the <u>25</u> day of <u>November</u> , 20 <u>8</u> the forge performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OTHE STATE OF A PROPERTY OF A	and T. Munion	<u> 528</u>
	Signature of Certifying Official	Certificate Number

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

ROBESON RED SPRINGS PD 770

Serial Number: 008857 Test Date: 11/25/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

		_
DIAG PA AIR BLK .0 ACCY CHK .0 AIR BLK .0 SUB TEST .0 AIR BLK .0 SUB TEST .0 AIR BLK .0	100 100 100 100 100 100 100 100 100 100	0:46am 0:47am 0:47am 0:48am 0:49am 0:50am 0:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON RED SPRINGS PD 770

Serial Number: 008857 Test Record Number: 52 Test Date: 11/25/2008 Test Time: 10:53am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	10:55am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (OTAND Instrument Location CAURINBURG
Instrument Seria	NO. 008834 Police DEPT.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before 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 A + day of NOVEMBER, 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.
AND 12 THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

SCOTLAND LAURINBURG PD 820

Serial Number: 008834 Test Date: 11/24/2008

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: SIMMONS, PAUL T Permit Number: 08619E Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:56am
ACCY CHK	.07	9:57am
AIR BLK	.00	9:58am
SUB TEST	.00	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
ATR BLK	0.0	10.02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SCOTLAND LAURINBURG PD 820

Serial Number: 008834 Test Record Number: 80 Test Date: 11/24/2008 Test Time: 10:04am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:04am

Temperature Tests

Test	Status	Time
FC1	Pass	10:04am
SRC	Pass	10:04am
DET	Pass	10:04am
BAR	Pass	10:04am
BT	Pass	10:04am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test

CAL

PRNT	Pass	10:05am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05am

Status

Time

10:05am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE Instrument Location HOKE COUNTY JAIC
Instrument	t Serial No. 008855 RAEFORD, AbRHCARdINI
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
SEO SISTEMATION OF STREET	Signature of Certifying Official Certificate Number

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

HOKE HOKE CO. SD. 460

Serial Number: 008855 Test Date: 11/19/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:40am 9:41am 9:42am
AIR BLK	.00	9:43am
SUB TEST	.00	9:43am
AIR BLK	.00	9:44am
SUB TEST	.00	9:46am
AIR BLK	.00	9:46am

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE HOKE CO. SD. 460

Serial Number: 008855 Test Record Number: 140 Test Date: 11/19/2008 Test Time: 9:47am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:48am
FLO	Pass	9:48am
FC	Pass	9:48am

Temperature Tests

Test	Status	Time
FC1	Pass	9:48am
SRC	Pass	9:48am
DET	Pass	9:48am
BAR	Pass	9:48am
BT	Pass	9:48am

Blank Tests

Test	Status	Time
AIR	Pass	9:49am

Printer Tests

Test	Status	Time
PRNT	Pass	9:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:49am

Preventive Maintenance Status: Pass

Pass

9:49am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JMBERIAND Instrument Location UMBERIAND COUNT
Instrument Se	rial No. 008614 Detention Center
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 2 day of 100 Hber, 200 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
SE QUANTO	

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

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 11/21/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:27pm 5:28pm
ACCY CHK	.07	5:28pm
AIR BLK	.00	5:29pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Record Number: 549
Test Date: 11/21/2008 Test Time: 5:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:35pm 5:35pm
FC	Pass	5:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:35pm
SRC	Pass	5:35pm
DET	Pass	5:35pm
BAR	Pass	5:35pm
BT	Pass	5:35pm

Blank Tests

Test	Status	Time
AIR	Pass	5:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:36pm 5:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Comberland County
Instrument Ser	ial No. 008672 Detention Center
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.
	the day of day of developed, 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.
THE STATE OF THE S	

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Date: 11/21/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	4:49pm 4:50pm 4:51pm 4:51pm 4:52pm 4:53pm
SUB TEST AIR BLK	.00 .00	4:54pm 4:55pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672 Test Record Number: 840
Test Date: 11/21/2008 Test Time: 4:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:58pm
FLO	Pass	4:58pm
FC	Pass	4:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:58pm
SRC	Pass	4:58pm
DET	Pass	4:58pm
BAR	Pass	4:58pm
B ${f T}$	Pass	4:58pm

Blank Tests

Test	Status	Time
ATR	Pass	4:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:59pm 4:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	uberland Instrument Location Umberland Cour
Instrument Seri	ial No. 008633 Detention CENTER
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 2/ day of November, 2008 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 11/21/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

a/2101. Time

Test

1656	9/2100	TIME
DIAG	Pass	4:22pm
AIR BLK	.00	4:23pm
ACCY CHK	.08	4:24pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
AIR BLK	.00	4:26pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 392 Test Date: 11/21/2008 Test Time: 4:30pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:31pm
FLO	Pass	4:31pm
FC	Pass	4:31pm

Temperature Tests

Test Status Time	
FC1 Pass 4:31	pm
SRC Pass 4:31	ρm
DET Pass 4:31	pm
BAR Pass 4:31	рm
BT Pass 4:31	pm

Blank Tests

Test	Status	Time
AIR	Pass	4:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:32pm

Pass

4:32pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	HERLAND Instrument Location (JUMBERIAND COUNTY
Instrument Seria	al No. @08632 Detention Center
The preventive of four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the day of Mouentber, , 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 A VICE AND A A VICE AN	Jane 77 Summer 578

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Date: 11/21/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	3:52pm 3:52pm 3:53pm 3:54pm 3:54pm 3:55pm 3:57pm
AIR BLK	.00	3:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632 Test Record Number: 437 Test Date: 11/21/2008 Test Time: 3:59pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

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
ΔΤΡ	Dage	4 • 0 0 mm

Printer Tests

Status

Test

Time

PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:00pm 4:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Chowan Instrument Location Chowan Co. Puntic Safet		
Instrume	Serial No. 008586 CTR., 305 W. FREEMASON ST., EDENTON, N.C.		
The prev	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.		
procedur	at on the		
THE GREAT SECTION OF THE SECTION OF	ATE or No. 1775 Roll of the Control		
	Signature of Certifying Official Certificate Number		

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008586 Test Date: 11/13/2008

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:06pm
AIR BLK	.00	1:07pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008586 Test Record Number: 262
Test Date: 11/13/2008 Test Time: 1:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:14pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

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

1:16pm

Preventive Maintenance Status: Pass

Pass

CAL

Joing A. Reese

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	instre	Instrument Location	13×71	noiste	bear it
Instrument S	erial No. <u>COS 788</u>		Hadly	Spain	
The preventi four months	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be	followed at leas	t once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breat	h simulator therr	nometer shows
2.	Verify instrument displays tim	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	d ;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sample	le;		
7.	When "PLEASE BLOW" app	pears, collect breath sample	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; at	nd			
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.				
procedures w	on theday of vere performed on the instrument in of Health and Human Services, and	dicated above, in accorda	nce with curren	going preventive	e maintenance the N.C.
THE STATION AND THE STATION OF THE STATION AND	CAROLL	-C. C. 711;	A.X.	GS	

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 132 Test Date: 11/22/2008 Test Time: 11:10pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

Test

PRNT	Pass	11:12pm
	CRC Tests	
Test	Status	Time

Status Time

1000	Deadas	
COMP	Pass	11:12pm
CAL	Pass	11:12pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/22/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:02pm 11:03pm 11:04pm 11:05pm 11:05pm
SUB TEST ATR BLK	.00 .00	11:08pm 11:09pm

Reported AC: .00 g/210Ly

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	wake	_ Instrument Location_	But In	UBILE LWIT 5
Instrument Se	rial No. <u>008° 600</u>		Holly S	prints
The preventive four months a	e maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		ilcoholic breath s	imulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	; ;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	÷;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
procedures we	n theday ofwritere performed on the instrument in f Health and Human Services, and	dicated above, in accordan	ice with current re	ing preventive maintenance agulations of the N.C.
STATE OF THE STATE	NORTH CAROLINA	Enc C. 11102		
White the same of		nature of Certifying Offici		Certificate Number
	519	mature of Certifying Offici	aı	Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 415
Test Date: 11/22/2008 Test Time: 10:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:48pm
FLO	Pass	10:48pm
FC	Pass	10:48pm

Temperature Tests

Status	Time
Pass	10:48pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:49pm 10:49pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/22/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:39pm 10:39pm 10:40pm 10:41pm 10:42pm 10:42pm 10:44pm 10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WARE	Instrument Location_	But Mobile Court #5
Instrument	t Serial No. <u>008696</u>		Holiy Spaince
The prever		Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		alcoholic breath 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	pears, collect breath sample	ie;
7.	When "PLEASE BLOW" ap	pears, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.			fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests.
I certify the procedures Departmen	at on theday of were performed on the instrument in the of Health and Human Services, and	ndicated above, in accordant the instrument is function	the forgoing preventive maintenance maintenance with current regulations of the N.C. ing properly.
THE GREAT SECTION OF S	CAROL	e 10. 71100	2D 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 261 Test Date: 11/22/2008 Test Time: 10:49pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:50pm
SRC	Pass	10:50pm
DET	Pass	10:50pm
BAR	Pass	10:50pm
\mathtt{BT}	Pass	10:50pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	10.51pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:51pm
CAL	Pass	10:51pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/22/2008

Citation Number: M0000000-0 Subject's Name: NONE, NONE

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

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

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

12/01/2007-12/01/2009
Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:41pm 10:42pm 10:43pm 10:44pm 10:45pm 10:46pm
SUB TEST	.00	10:47pm
ATR BLK	.00	10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Waket	Instrument Location 347	mobile lengt #5
Instrument S	erial No. <u>60869</u>	CAmy	
The preventi	_	intoximeters, Model Intox EC/IR II to t	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic bree egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l ,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration inged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department	on the <u>Alay</u> of <u>Alay</u> of <u>Alay</u> of the ere performed on the instrument incomplete the end of Health and Human Services, and the end of the en	the f dicated above, in accordance with curr the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S		L C. Thofas	636
	Sign	nature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 257 Test Date: 11/21/2008 Test Time: 11:49pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51pm

Printer Tests

CAL

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

11:51pm

Preventive Maintenance Status: Pass

Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/21/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:41pm 11:42pm 11:43pm
AIR BLK	.00	11:44pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:47pm
AIR BLK	.00	11:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ac 6. Tilota

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location_	BUT MUSICE LINT 5	
Instrument S	erial No. <u>60 8600</u>		CARLES	
The preventi		e Intoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		alcoholic breath simulator thermometer shows	
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed bef changed every four months o	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,	
I certify that procedures w Department of	on the day of vere performed on the instrument of Health and Human Services, an	indicated above, in accordant the instrument is function	the forgoing preventive maintenance nce with current regulations of the N.C. ning properly.	
SECOND SE	CAROLIN CAROLINA	End 6 Trops	2. 1 636	
- Calling	e timb	Signature of Certifying Office		

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 412 Test Date: 11/21/2008 Test Time: 11:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:49pm
FLO	Pass	11:49pm
FC	Pass	11:49pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49pm 11:49pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/21/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:39pm 11:40pm 11:40pm
ACCY CHK	.00	11:41pm
SUB TEST	.00	11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:45pm
AIR BLK	.00	11:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	trake	Instrument Location 15,007 K	noste least the
Instrument So	erial No. <u>208788</u>	Cany	
The prevention four months		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	r displays pressure, or the alcoholic brea egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify that procedures w Department of	on the 2/ day of 40/ ere performed on the instrument in of Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
PAR STATI	CAROLINA SEC.	I OTHAN	636
	Sig	nature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 130 Test Date: 11/21/2008 Test Time: 11:57pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:58pm
SRC	Pass	11:58pm
DET	Pass	11:58pm
BAR	Pass	11:58pm
BT	Pass	11:58pm

Blank Tests

Test	Status	Time
AIR	Pass	11:58pm

Printer Tests

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

11:59pm

11:59pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/21/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07 .00	11:47pm 11:48pm 11:48pm 11:49pm
SUB TEST	.00	11:50pm
AIR BLK	.00	11:51pm
SUB TEST	.00	11:52pm
AIR BLK	.00	11:53pm
		_

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Surry	Instrument Location	MOUNT	Airy.	<u> </u>
Instrume	nt Serial No. <u>00 8865</u>	, 			-
The prevenue four mon	entive maintenance procedures for t	the Intoximeters, Model Intox	EC/IR II to be foll	owed at least o	once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ister displays pressure, or the 2 degree centigrade;	alcoholic breath sir	nulator thermo	meter shows
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequenc	e;			
4.	Enter information as prom	pted;			
5.	Verify instrument accuracy	y;			
6.	When "PLEASE BLOW"	appears, collect breath sample	le;		
7.	When "PLEASE BLOW"	appears, collect breath sample	le;		
8.	Print test record;				
9.	Verify Diagnostic Program	ı; and			
10.		canister is being changed being changed every four months of			
procedure	hat on the	t indicated above, in accorda	nce with current reg	ig preventive m gulations of the	naintenance N.C.
SEX CREAT SEX	STATE OF NORTH CARD	e Alexander		67.	7
		Signature of Certifying Office	ial	Certificate N	umber

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008865 Test Date: 11/17/2008

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: AG825401 Exp Date: 09/10/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:09pm 3:11pm 3:11pm 3:12pm 3:13pm
AIR BLK		3:14pm
SUB TEST AIR BLK	.00 .00	3:15pm 3:16pm
ATK DUK	.00	2.100

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008865 Test Record Number: 48 Test Date: 11/17/2008 Test Time: 3:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:19pm
FLO	Pass	3:19pm
FC	Pass	3:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
BT	Pass	3:19pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:20pm
CAL	Pass	3:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LAKE	Instrument Location	NYHADME	<u> </u>
Instrument S	Serial No. <u>008838</u>	979 STEELLE	SOLME OT	· KNUCHIOME, NC
The prevent four months		he Intoximeters, Model Intox EC	/IR II to be followed at	least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ster displays pressure, or the alco 2 degree centigrade;	holic breath simulator t	hermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	2 ;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	·· ·		
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.		canister is being changed before changed every four months or af		
procedures v	were performed on the instrument	indicated above, in accordance and the instrument is functioning	with current regulations	ntive maintenance of the N.C.
THE STAT	ORTH CAROLINA A TOTAL CAROLIN	1 Cloritan	<u>)</u> 650	••
		Signature of Certifying Official	Certifi	icate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 11/18/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:30am 11:31am
ACCY CHK	.07	11:31am
AIR BLK SUB TEST	.00 .00	11:32am 11:33am
AIR BLK	.00	11:33am
SUB TEST	.00	11:36am
ATR BLK	.00	11:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 89
Test Date: 11/18/2008 Test Time: 11:38am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Status	Time
Pass	11:39am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Time

Printer Tests

Test

Status

PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:40am 11:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	+IAUFAX	Instrum	ent Location_	ROAN	ع ۲۷٪	LAPIOS	PD
Instrumen	nt Serial No. <u>(2)</u> 8656	1040	ROATER	e Av	۱ ځ	LOAWOYE	(2.40°,00
The preve	entive maintenance procedures for the Int	oximeters,	Model Intox	EC/IR II to	be fo	ollowed at least on	ce every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg			lcoholic bi	eath s	simulator thermon	neter shows
2.	Verify instrument displays time	and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted;						
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appear	ırs, collect	breath sample	; ;			
7.	When "PLEASE BLOW" appear	ırs, collect	breath sample	; ;			
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.						
procedure	hat on the <u>I H</u> day of <u>Nov</u> es were performed on the instrument indi- ent of Health and Human Services, and th	cated abov	e, in accordan	ce with cu	rrent ı	oing preventive ma	nintenance N.C.
SERVICE CREAT SEA		ture of Ce	Auto) al	-	65み Certificate Nu	ımber

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 229
Test Date: 11/14/2008 Test Time: 2:59pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	3:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:00pm
SRC	Pass	3:00pm
DET	Pass	3:00pm
BAR	Pass	3:00pm
BT	Pass	3:00pm

Blank Tests

Test	Status	Time
AIR	Pass	mcr00: E

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm
	CRC Tests	
Test	Status	Time

3:01pm

3:01pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 11/14/2008

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:
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: AG722702 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	2:51pm 2:52pm
ACCY CHK	.07	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HALIFAX	Instrument I	Location ROAL	JOKE.	RAPIDS,	<u>PD</u>
Instrument :	Serial No. <u>008635</u>	1040	ROANDLE	AUE.	ROANUEZ	RAPIG,
The prevent	tive maintenance procedures for the	e Intoximeters, Mo	del Intox EC/IR II	to be follo	wed at least once	every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2			breath sim	ulator thermome	ter shows
2.	Verify instrument displays t	ime and date;				
3.	Initiate breath test sequence					
4.	Enter information as prompt	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" a	ppears, collect brea	th sample;			
7.	When "PLEASE BLOW" a	ppears, collect brea	th sample;			
8.	Print test record;					
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being cha hanged every four	inged before expira months or after 12:	tion date, 5 Alcoholi	or the alcoholic to Breath Simulat	oreath or tests,
procedures	t on the 1'-1 day of Nowere performed on the instrument of Health and Human Services, and	indicated above, in	accordance with c	urrent reg	g preventive mair ulations of the N.	ntenance C.
STA WIND 200 + THE WI	THE OF NORTH CAROLINA STATE OF THE OF	Dean			652 Certificate Num	

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 11/14/2008

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:
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 AIR BLK	Pass .00	2:50pm 2:51pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 276
Test Date: 11/14/2008 Test Time: 2:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:59pm
FLO	Pass	2:59pm
FC	Pass	2:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Status

Test

CAL

Time

3:00pm

1000	Doucus	110
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:00pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	NORTHAMPTON IN	strument Location	n NORTHAMF	ישניים ביי
Instrume	ent Serial No. <u>62868</u> <u>1</u>	<u>05 ω.</u>	JEFFERSON	ST JACKEN,
The preve	ventive maintenance procedures for the Intoxin	neters, Model Into	ox EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c	ys pressure, or the	e alcoholic breath simul	ator thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath sam	ple;	
7.	When "PLEASE BLOW" appears, c	ollect breath sam	ple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed bevery four months	efore expiration date, or or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
I certify t procedure Departme	that on the day of	3EL , 2 I above, in accord strument is function	the forgoing plance with current regulationing properly.	preventive maintenance ations of the N.C.
SE CONTRACTOR	STATE OF TO STATE	Deant		652
-405		of Certifying Off		654 Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 11/14/2008

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:
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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Record Number: 387
Test Date: 11/14/2008 Test Time: 1:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Status

Test

Time

PRNT	Pass	1:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:49pm 1:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NORTHANDON Instrument Location NORTHANDON CO. SHEPITES
Instrumen	t Serial No. 008607 105 W. JEFFERSON ST, JACKSON, N
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.
procedures	nat on the
SE STATE OF SECTION OF	Signature of Certifying Official Certificate Number

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 11/14/2008

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: 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: AG723401 Exp Date: 08/21/2009

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

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Record Number: 414 Test Date: 11/14/2008 Test Time: 1:42pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:43pm

Printer Tests

rest	Status	TIME
PRNT	Pass	1:43pm
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	1:43pm
CAL	Pass	1:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HALIFAX Instrument Location + HALIFAX CO. SHERIFF DEP
Instrumen	t Serial No. 008695 FERRELL LL HALIFAY, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
S S S S S S S S S S S S S S S S S S S	Signature of Certifying Official Certificate Number

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 11/14/2008

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:

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 AIR BLK ACCY CHK	Pass .00 .08	12:26pm 12:27pm 12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 218
Test Date: 11/14/2008 Test Time: 12:33pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
ÍR	Pass Pass	12:34pm 12:34pm
FLO		-
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 11/2	366 Instrument Location Soft Mices	Rile Class. T. 15
Instrument Seria	Apex	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	the	ing preventive maintenance egulations of the N.C.
O'THE STATE OF ONE	Signature of Certifying Official	636 Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 127
Test Date: 11/15/2008 Test Time: 11:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:24pm 11:24pm
FC	Pass	11:24pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

Printer Tests

Status

Time

Test

PRNT	Pass	11:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:25pm 11:25pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/15/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .000 .080	11:15pm 11:16pm 11:16pm
AIR BLK	.000	11:17pm
SUB TEST	.000	11:18pm
AIR BLK	.000	11:19pm
SUB TEST	.000	11:21pm
AIR BLK	.000	11:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	water	_ Instrument Location_ /SAF /	MUBLE CW. T #5
Instrument S	erial No. 002159E	Apex	
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 o	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures v Department	on the day of were performed on the instrument in of Health and Human Services, and	ndicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
TATE STATE OF THE	CAROLINA A CAROLI	al C. TTo fund	6 26
	Si	gnature of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 251 Test Date: 11/15/2008 Test Time: 11:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:24pm
FLO	Pass	11:24pm
FC	Pass	11:24pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25pm

Printer Tests

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

11:25pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/15/2008

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

Officer's Name: MORGART, STEPHEN G
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	Pass .00 .07	11:11pm 11:13pm 11:13pm
AIR BLK SUB TEST	.00 .00	11:14pm 11:15pm
AIR BLK	.00	11:16pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	NAKE Instrument Location Bat McBile Cin, 7 #
Instrument Ser	rial No
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	n the 15 day of November, 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.
THE STATE OF THE S	Jac 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 408 Test Date: 11/15/2008 Test Time: 11:18pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:19pm

Printer Tests

Test

CAL

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

Pass

Status Time

11:19pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/15/2008

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	URHAM CO. JAIL
Instrument S	rial No. <u>008891</u> 2175, MANGUM ST. DURHAM, NC.
The prevention four months	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 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.
procedures w	on the
STATION STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 11/12/2008

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: AG814002 Exp Date: 05/19/2010

Test

	<u>.</u>	
DIAG	Pass	2:17pm
AIR BLK	.00	2:17pm
ACCY CHK	.07	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:19pm

q/210L

Time

 SUB TEST .00
 2:19pm

 AIR BLK .00
 2:20pm

 SUB TEST .00
 2:22pm

AIR BLK .00 2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 135
Test Date: 11/12/2008 Test Time: 2:25pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
\mathtt{BT}	Pass	2:26pm

Blank Tests

Test	Status	Time
ATR	Pass	2:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:26pm

Preventive Maintenance Status: Pass

Pass

2:26pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAM	Instrument Location DURHA	n Co. JAIL
Instrument Se	erial No. <u>008878</u>	217 S. MANGUM ST	DURHAM, NC
The preventive four months as		coximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breat ree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ers, collect breath sample;	
7.	When "PLEASE BLOW" appea	urs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration of ged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that or procedures we Department of	n the day of day of for performed on the instrument indices. The alth and Human Services, and the	the for accordance with currence instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE S	NOTIFIE CAROLING	a 1	
AND STATE OF THE S		en D South	637
	Signat	ure of Certifying Official	Certificate Number

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 11/12/2008

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: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:16pm 2:16pm 2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

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DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 156
Test Date: 11/12/2008 Test Time: 2:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	2 · 23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:24pm

2:24pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location DIRHAM CO. JAIL		
Instrument Ser	ial No. 008859 219 S. MANGUM ST. DURHAM, NC.		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the day of		
SEE CHAIR OF THE STATE OF THE S	Brown Broth 637		
	Signature of Certifying Official Certificate Number		

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 11/12/2008

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: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:14pm 2:15pm 2:16pm
AIR BLK SUB TEST	.00 .00	2:16pm 2:17pm
AIR BLK SUB TEST	.00 .00	2:18pm 2:20pm
AIR BLK	.00	2:20pm 2:21pm

Reported AC; ./00

Signature of Chemical Analyst

Court CVR

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 126 Test Date: 11/12/2008 Test Time: 2:21pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test

CAL

Status

Time

2:23pm

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

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WARREN Instrument Location NORLINA PD
Instrumen	t Serial No. 008651 101 MAIN ST. NORLINA, 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on theday of
TO SELL TO SEL	Signature of Certifying Official Certificate Number

WARREN COUNTY NORLINA POLICE DEPT. 920

Serial Number: 008651 Test Date: 11/04/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	1:59pm
AIR BLK	.00	2:00pm
ACCY CHK	.07	2:01pm
AIR BLK	.00	2:02pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
ATR BLK	.00	2:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

WARREN COUNTY NORLINA POLICE DEPT. 920

Serial Number: 008651 Test Record Number: 342 Test Date: 11/04/2008 Test Time: 2:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:20pm
FLO	Pass	2:20pm
FC	Pass	2:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:21pm
SRC	Pass	2:21pm
DET	Pass	2:21pm
BAR	Pass	2:21pm
\mathtt{BT}	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANdolph Instrument Location ARChdAle Police Serial No. 008791 Department
Instrumen	Serial No. 008791 Department
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	at on the <u>/2</u> day of <u>/ovember</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. at of Health and Human Services, and the instrument is functioning properly.
THE GREAT SEA	
	Signature of Certifying Official Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 11/12/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:39am 11:40am 11:40am 11:41am 11:42am 11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 149
Test Date: 11/12/2008 Test Time: 11:46am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:47am 11:47am
FLO	Pass	11:4/am
FC	Pass	11:47am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

Test	Status	Time
PRNT	Pass	11:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:48am

Preventive Maintenance Status: Pass

Pass

11:48am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Rockingham	Instrument Location	Rockmuham	(6 Ja)
Instrumer	nt Serial No. 🚫 🚫 🛠 🧢 🔻			
The preve	entive maintenance procedures for the Intox ths are:	imeters, Model Intox E	C/IR II to be followed at least	once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alc	coholic breath simulator therm	nometer shows
2.	Verify instrument displays time and	i date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears,	collect breath sample;		
7.	When "PLEASE BLOW" appears,	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before every four months or a	expiration date, or the alcoho fter 125 Alcoholic Breath Sin	olic breath nulator tests,
I certify th procedures Departmer	nat on the <u>10</u> day of <u>Ned Gra</u> ss were performed on the instrument indicate int of Health and Human Services, and the in	, 20 cd above, in accordance strument is functioning	the forgoing preventive with current regulations of the properly.	maintenance le N.C.
S S S S S S S S S S S S S S S S S S S	TATE OF NORTH CAROLINA AN VIDER AND VIDER	[]]	62.	2
	Signature	of Certifying Official	Certificate 1	Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 11/10/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:02pm
AIR BLK	.00	4:03pm
ACCY CHK	.07	4:04pm
AIR BLK	.00	4:05pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 208
Test Date: 11/10/2008 Test Time: 4:10pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:10pm 4:10pm
FC	Pass	4:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:10pm
SRC	Pass	4:10pm
DET	Pass	4:10pm
BAR	Pass	4:10pm
BT	Pass	4:10pm

Blank Tests

Test	Status	Time
AIR	Pass	4:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:11pm 4:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rockingham	Instrument Location	Eloso. He P.D.
Instrument	Serial No. 008784		
The prever	-	e Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		olic breath simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	,	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			expiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
procedures	at on the // day of // day	indicated above, in accordance wi	
AND SESSION OF SESSION	Mark	ignature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 11/10/2008

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:18pm 3:19pm 3:20pm 3:21pm 3:22pm 3:23pm 3:26pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 130 Test Date: 11/10/2008 Test Time: 3:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:29pm

Preventive Maintenance Status: Pass

Pass

CAL

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

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Rockingham In	strument Location	MAdison	P. P.
Instrumer	ent Serial No. <u>OOS638</u>		1174 - W - 14 - 174	
The preve	ventive maintenance procedures for the Intoxin	neters, Model Intox E	CC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of	ys pressure, or the alcentigrade;	coholic breath simulate	or thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, c	ollect breath sample;		
7.	When "PLEASE BLOW" appears, c	ollect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed befor very four months or a	e expiration date, or the after 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
procedure	that on the <u>O</u> day of <u>Novem</u> es were performed on the instrument indicated ent of Health and Human Services, and the inst	above, in accordance	e with current regulatio	ventive maintenance ns of the N.C.
S S S S S S S S S S S S S S S S S S S	Charli.	of Certifying Official	(/	632 ificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008638 Test Date: 11/10/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722601-18 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	8:15pm 8:16pm
ACCY CHK AIR BLK	.08 .00	8:17pm 8:18pm
SUB TEST AIR BLK	.00 .00	8:18pm 8:19pm
SUB TEST	.00	8:21pm
AIR BLK	.00	8:22pm

Reported AC; ,00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008638 Test Record Number: 298
Test Date: 11/10/2008 Test Time: 8:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:24pm
FLO	Pass	8:24pm
FC	Pass	8:24pm

Temperature Tests

Test		Status	Time
FC1		Pass	8:24pm
SRC	•	Pass	8:24pm
DET		Pass	8:24pm
BAR		Pass	8:24pm
BT		Pass	8:24pm

Blank Tests

Test	Status	Time
ATR	Pagg	8 · 25 mm

Printer Tests

Test	Status	Time
PRNT	Pass	8:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:25pm

Preventive Maintenance Status: Pass

Pass

8:25pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Rockingham In	nstrument Location	den P.D.	_
Instrumen	nt Serial No. OO 8 6 3 6			
The preve	entive maintenance procedures for the Intoxir	neters, Model Intox EC/I	R II to be followed at least once every	
1.	Verify the ethanol gas canister displaced at degrees, plus or minus .2 degree of		olic breath simulator thermometer sho)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, or	collect breath sample;		
7.	When "PLEASE BLOW" appears, o	collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator test	s,
procedure	hat on the <u>louday</u> day of <u>Nouces</u> were performed on the instrument indicated into the dealth and Human Services, and the instrument in t	d above, in accordance wi	ith current regulations of the N.C.	ce
THE COLEAN OF TH	Cha. Le	of Certifying Official	Certificate Number	_

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 11/10/2008

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

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

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

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

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:36pm
AIR BLK	.00	2:37pm
ACCY CHK	.07	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:39pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
ATR BLK	. 0.0	2:42pm

Reported AC: _ .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 494 Test Date: 11/10/2008 Test Time: 2:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:44pm
FLO	Pass	2:44pm
FC	Pass	2:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:44pm
SRC	Pass	2:44pm
DET	Pass	2:44pm
BAR	Pass	2:44pm
BT	Pass	2:44pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:45pm 2:45pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	Instrumo	ent Location Date	Melala Clarit 4
Instrument Se	rial No. <u>008717</u>		
The preventive four months a	re maintenance procedures for the Intoximeters, re:	Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr		lic 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 simulator solution is being changed every whichever occurs first.	g changed before ex four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on theday ofday of	<u>(</u> , 20 <u>○</u> × 20 <u>○</u> × e, in accordance wient is functioning pr	the forgoing preventive maintenance th current regulations of the N.C. operly.
TATE STATE OF THE	ANOUTH CANOLINA	C. C. V. 412	651
	Signature of Ce	ertifying Official	Certificate Number

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008717 Test Record Number: 115 Test Date: 11/01/2008 Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46pm
FLO	Pass	9:46pm
FC	Pass	9:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:46pm
SRC	Pass	9:46pm
DET	Pass	9:46pm
BAR	Pass	9:46pm
BT	Pass	9:46pm

Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:47pm 9:47pm

Preventive Maintenance Status: Pass

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008717 Test Date: 11/01/2008

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: TRUDELL, SR., DANIEL T Permit Number: 21535E

ermit Number: 215351 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 AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	9:38pm 9:39pm 9:39pm 9:40pm 9:41pm 9:42pm 9:43pm
AIR BLK	.00	9:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

and the

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. 008707 Instrument Location BAT MOBILE UNIT 3
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
- 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the <u>OA</u> day of <u>DOVEMBEL</u> , 20 <u>O8</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE COUNTY OF TH	Signature of Certifying Official Certificate Number

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

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707 Test Date: 11/02/2008

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: AG722501 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	7:26pm 7:27pm
ACCY CHK	.07	7:28pm
AIR BLK	.00	7:29pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:32pm
AIR BLK	.00	7:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008707

Test Record Number: 206

Test Date: 11/02/2008

Test Time: 7:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:34pm
FLO	Pass	7:34pm
FC	Pass	7:34pm

Temperature Tests

Test	Status	Time
FC1	Pass -	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:35pm	-

Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	
Test	Status	Time

COMP	Pass	7:35pm
CAL	Pass	7:35pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(GASTON Instrument Location BAT MOBILE Unit 3
Instrument S	Serial No. 008647 Instrument Location BAT MOBILE Unit 3 Serial No. 008647
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the <u>OQ</u> day of <u>NOVEMBER</u> , 20 <u>OB</u> 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.
ON WIND ASSISTANCE OF THE CORE AT THE CORE	
With the same of t	Signature of Certifying Official Certificate Number

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Date: 11/02/2008

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	Pass .00 .07	11:14pm 11:15pm 11:16pm
AIR BLK	.00	11:17pm
SUB TEST	.00	11:17pm
AIR BLK	.00	11:18pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Record Number: 376
Test Date: 11/02/2008 Test Time: 11:22pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 11:22pm DET Pass 11:22pm BAR Pass 11:22pm	Test	Status	Time
	SRC DET BAR	Pass Pass Pass	11:22pm 11:22pm 11:22pm 11:22pm 11:22pm
	<i>D</i> 1	1 (1)	TT. 22 Pill

Blank Tests

Test	Status	Time
AIR	Pass	11:23pm

Printer Tests

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

11:23pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	FORSY TH Instrument Location BATMOBILE Unit 3
Instrument Ser	ial No. 008(016) Instrument Location BATMOBILE UNIT 3
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the Olday of OVEMBER, 20 08 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616 Test Date: 11/01/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVÉ, MAINTENANCE

Subject'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	Pass .00 .07	10:35pm 10:35pm 10:36pm
AIR BLK	.00	10:37pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:40pm
AIR BLK	.00	10:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Bens Analyst

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616

Test Record Number: 350

Test Date: 11/01/2008

Test Time: 10:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:42pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:42pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	10:43pm
CAL	Pass	10:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>G</u>	ranscille Instrument Location CAT mobile worth	—
Instrument S	erial No. <u>00 2734</u>	
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	гу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;	iows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	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.	h sts,
I certify that procedures w Department of	on the	ince
STATION OF THE STATIO		

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Record Number: 161
Test Date: 11/01/2008 Test Time: 9:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:29pm
FLO	Pass	9:29pm
FC	Pass	9:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
BT	Pass	9:29pm

Blank Tests

Test	Status	Time
ATR	Pass	9:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:30pm 9:30pm

Preventive Maintenance Status: Pass

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Date: 11/01/2008

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:20pm
AIR BLK	.00	9:21pm
ACCY CHK	.07	9:22pm
AIR BLK	.00	9:23pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Many OTTAKAR USP Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake 6 Instrument Location BAT MUBILE LOU. T	<u> </u>
Instrument S	Serial No. 008600 WENDELL	
The prevent four months	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever us are:	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shadegrees, plus or minus .2 degree centigrade;	ows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.	
procedures '	at on the	nce
STATE OF THE CASE	Signature of Certifying Official Certificate Number	

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 404
Test Date: 11/01/2008 Test Time: 9:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47pm
FLO	Pass	9:47pm
FC	Pass	9:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

Blank Tests

Test	Status	Time
AIR	Pass	9:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 11/01/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	9:38pm
AIR BLK	.00	9:39pm
ACCY CHK	.07	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:44pm
AIR BLK	.00	9:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ustec Instrument Loca	cation /Sat MOBILE LEVIT
Instrument	ent Serial No. <u>COSE9</u>	Wendere
The prever	ventive maintenance procedures for the Intoximeters, Model nths are:	I Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, o 34 degrees, plus or minus .2 degree centigrade;	or the alcoholic 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 s	sample;
7.	. When "PLEASE BLOW" appears, collect breath s	sample;
8.	Print test record;	
9.	. Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mowhichever occurs first.	ged before expiration date, or the alcoholic breath onths or after 125 Alcoholic Breath Simulator tests,
procedures	that on the day of	ccordance with current regulations of the N.C.
COREAT SE	STATE ON THE STATE OF CErtifying	g Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 246
Test Date: 11/01/2008 Test Time: 10:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:40pm 10:40pm
FC	Pass	10:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:40pm
SRC	Pass	10:40pm
DET	Pass	10:40pm
BAR	Pass	10:40pm
BT	Pass	10:40pm

Blank Tests

Test	Status	Time
AIR	Pass	10:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:41pm
CAL	Pass	10:41pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 11/01/2008

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: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .07	10:31pm 10:32pm 10:32pm
.00	10:33pm
.00	10:34pm
.00	10:35pm
.00	10:36pm
.00	10:37pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lugice In	strument Location_	BAT	Moste limit
Instrument So	Serial No		Werr!	Hi
The prevention four months	ive maintenance procedures for the Intoxin are:	neters, Model Intox I	EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displaced 34 degrees, plus or minus .2 degree of		lcoholic bro	eath simulator thermometer shows
2.	Verify instrument displays time and	date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, or	collect breath sample	; ;	
7.	When "PLEASE BLOW" appears, or	collect breath sample	} ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.	s being changed beforevery four months or	ore expirati r after 125 .	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures w	t on the day of	d above, in accordan	ice with cur	rent regulations of the N.C.
THE STATE OF THE S	Signature	of Certifying Offici	la Y	636 Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 122 Test Date: 11/01/2008 Test Time: 10:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52pm
FLO	Pass	10:52pm
FC	Pass	10:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:53pm
SRC	Pass	10:53pm
DET	Pass	10:53pm
BAR	Pass	10:53pm
BT	Pass	10:53pm

Blank Tests

Test	Status	Time
AIR	Pass	10:53pm

Printer Tests

Test

CAL

PRNT	Pass	10:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:54pm

Status

Time

10:54pm

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 11/01/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:36pm 10:37pm 10:38pm 10:39pm 10:40pm 10:42pm
AIR BLK	.00	10:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location_	Belmont PD
Instrumen	t Serial No. <u>003733</u>	201 Chronic	le Street Belmont
		704-825-3	792
The prevent		e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		alcoholic breath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample	; ;
7.	When "PLEASE BLOW" a	ppears, collect breath sample	; ;
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.			ore expiration date, or the alcoholic breath r after 125 Alcoholic Breath Simulator tests,
procedure	at on the <u>QUAN</u> day of <u>N</u> s were performed on the instrument of Health and Human Services, an	indicated above, in accordar	US the forgoing preventive maintenance oce with current regulations of the N.C. ing properly.
S HELL GREAT ST. TO SHE ST. TO SHE SHE ST. TO SHE	ATE ON NORTH CARROLL S	ignature of Certifying Offic	al Certificate Number

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 11/24/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:16pm 1:17pm 1:17pm
AIR BLK SUB TEST	.00	1:18pm 1:19pm
AIR BLK SUB TEST	.00	1:20pm 1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 153

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gar	ston Instrument Location Gaston County SD		
Instrument Seria	INO. 008643 425 N. Marietta, Street, Gastonia		
	704-869-6800		
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.		
procedures were	the 24 H day of November, 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 IZ. TITLE OF A SERVICE OF A	Signature of Certifying Official Certificate Number		

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 11/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 291 Test Date: 11/24/2008 Test Time: 11:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	11:59am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:59am 11:59am 11:59am 11:59am 11:59am
		: 0 5 0

Blank Tests

Test		Status	•	Time
AIR	•	Pass		12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:00pm 12:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ga	
Instrument Seria	INO. 008881 425 N. Marietta Street, Gastonia
	704-869-6800
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he <u>244</u> day of <u>November</u> , 2008 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.
TARE 12. IT SEE COLOM VIDEN	Signature of Certifying Official Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Date: 11/24/2008

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

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

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

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

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:41am 11:41am 11:42am 11:43am 11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:46am
ATR BLK	. 00	11:47am

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Record Number: 108 Test Time: 11:48am EST Test Date: 11/24/2008

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
DET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gas	ston	Instrument Location Gaston G	ounty SD
Instrument Seria	11 No. 008706	425 N. Marietta S 704-869-6800	Street, Gastonia
The preventive r		eximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the alcoholic breath eee centigrade;	simulator thermometer shows
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	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration da ed every four months or after 125 Alcol	
procedures were	performed on the instrument indica	the forgo the forgo ated above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF NO.	Signatu Signatu	ure of Certifying Official	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 11/24/2008

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	12:22pm 12:23pm
ACCY CHK	.07	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Record Number: 366 Test Date: 11/24/2008 Test Time: 12:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:18pm 12:18pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:20pm
\mathtt{CAL}	Pass	12:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cat	tawha Instrument Location Catawha County SD
Instrument Ser	ial No. 008687 100 B Southwest Blyd, Newton 828-464-5241
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures wer	n the <u>254h</u> day of <u>November</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.
STATE ON THE STATE OF THE STATE	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 11/25/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723302 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	10:37am 10:38am
ACCY CHK AIR BLK	.08 .00	10:39am 10:40am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:43am
ATR BLK	00	10.44am

Reported Ag: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 445
Test Date: 11/25/2008 Test Time: 10:45am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

Blank Tests

Test	Status	Time
ATR	Pass	10:47am

Printer Tests

Test

PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time

Status

Time

ICSU	Status	TIME
COMP	Pass	10:47am
CAL	Pass	10:47am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cata	wba Instrument Location Catawba County 5D
Instrument Serial	No. 00882) 100 B Southwest Blvd, Newton
	828 - 464 - 5241
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.
procedures were	the <u>351h</u> day of <u>November</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF ME THE PARTY OF THE PARTY PAR	See A Comment of the
	Signature of Certifying Official Certificate Number

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 11/25/2008

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

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723302 Exp Date: 08/20/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 224
Test Date: 11/25/2008 Test Time: 10:43am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
ATR	Pass	10:45am

Printer Tests

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

Pass

10:45am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cat	awba Instrument Location Hickory PD
Instrument Seria	1No.008841 347 2nd Ave SW, Hickory 828-324-2060
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he <u>25th</u> day of <u>November</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 11/25/2008

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

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

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

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

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG723302 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:41pm 12:42pm 12:43pm 12:43pm 12:44pm
AIR BLK	.00	12:45pm
SUB TEST AIR BLK	.00 .00	12:46pm 12:47pm

.00 g/210L Reported AC:

ure 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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 224
Test Date: 11/25/2008 Test Time: 12:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:49pm 12:49pm 12:49pm 12:49pm 12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:50pm 12:50pm

Preventive Maintenance Status: Pass

Analyst