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

County	Gaston	Instrument Location Gas	on County SD	
Instrument	: Serial No. <u>00888</u>		Ha Street Gastonia	
		704-869-6800		
The prever	•	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		c breath simulator thermometer shows	
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;	,		
4.	Enter information as prompt	red;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		anister is being changed before expi hanged every four months or after 1	iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,	
procedures	were performed on the instrument i	tobec , 20 08 indicated above, in accordance with a the instrument is functioning prop		
TO STATE OF	Joseph 2	ignature of Certifying Official	650 Certificate Number	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Date: 10/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 B <b>L</b> K	Pass	1:43pm 1:43pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:48pm
ATR BLK	.00	1:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008881 Test Record Number: 85 Test Date: 10/29/2008 Test Time: 1:50pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:50pm
FLO	Pass	1:50pm
FC	Pass	1:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:50pm
SRC	Pass	1:50pm
DET	Pass	1:50pm
BAR	Pass	1:50pm
BT	Pass	1:50pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:51pm
CAL	Pass	1:51pm

Preventive Maintenance Status: Pass

Analyst

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

County Union	Instrument Location Union County 5D		
Instrument Serial No. <u>008876</u>	3344 Presson Road, Monrue		
The preventive maintenance procedures for the Into four months are:	ximeters, Model Intox EC/IR II to be followed at least once every		
<ol> <li>Verify the ethanol gas canister dis</li> <li>34 degrees, plus or minus .2 degrees</li> </ol>	splays pressure, or the alcoholic breath simulator thermometer shows be centigrade;		
2. Verify instrument displays time a	nd date;		
3. Initiate breath test sequence;			
4. Enter information as prompted;			
<ol> <li>Verify instrument accuracy;</li> </ol>			
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. Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration date, or the alcoholic breath and every four months or after 125 Alcoholic Breath Simulator tests,		
I certify that on the			
Signati	htu 65 dertifying Official Certificate Number		

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK	Pass .00 .07	12:31pm 12:32pm 12:33pm 12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Record Number: 227

Test Date: 10/09/2008 Test Time: 12:40pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

#### Printer Tests

Test

PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time

Status

Time

COMP 12:41pm Pass CALPass 12:41pm

Preventive Maintenance Status: Pass

Analyst

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

County Un		County SD
Instrument Serial	ial No. 008866 3344 Presson Road	Monroe
	704-283-3770	
The preventive m 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 breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
procedures were	the <u>Hh</u> day of <u>October</u> , 20 <u>08</u> the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
STATE OF NO.	Maple Hately	65Ø
	Signature of Certifying Official	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 10/09/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	12:33pm 12:34pm
ACCY CHK	.07	12:34pm
AIR BLK SUB TEST	.00 .00	12:35pm <b>12:35pm</b>
AIR BLK	.00	12:35pm
SUB TEST	.00	12:38pm
ATR BLK	. 0 0	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 156 Test Time: 12:41pm EDT Test Date: 10/09/2008

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
 DET	Pass	12:41pm
BAR	Pass	12:41pm
BT	Pass	12:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

Status

Time

### Printer Tests

Test

PRNT	Pass	12:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:42pm 12:42pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County	Gaston	Instrument Location Gaste	on Gunty SD
Instrument S	erial No. <u>008684</u>	425 N. Marietta	Street Gastonia
		704-869-6800	
The preventi four months		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 br .2 degree centigrade;	eath simulator thermometer shows
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 expirating changed every four months or after 125.	
procedures w	ere performed on the instrume	october , 20 08 the nt indicated above, in accordance with cur and the instrument is functioning properly	rent regulations of the N.C.
STATE OF THE STATE	C ROUND AROUND A ROUND AROUND A ROUND AROUND A ROUND AROUND A ROUND A		
OLIM VI	- Miles	Hill	<u>65</u> \$
		Signature of Certifying Official	Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 10/10/2008

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: 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	Pass .00 .08	2:19pm 2:20pm 2:21pm
AIR BLK	.00	2:21pm
SUB TEST AIR BLK	.00 .00	2:22pm 2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

// Analy:

# GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 555 Test Date: 10/10/2008 Test Time: 2:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:27pm 2:27pm
FC	Pass	2:27pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:27pm
SRC	Pass	2:27pm
-DET	Pass -	2:27pm
BAR	Pass	2:27pm
BT	Pass	2:27pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:28pm

Pass

2:28pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County 5+0	inly	Instrument Location Stanly Co	ounty SD
Instrument Seria	il No. <u>008824</u>	201 5. Second Street 704-986-3734	•
The preventive i		oximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath siree centigrade;	imulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	ent I	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration dat ed every four months or after 125 Alcoho	
	performed on the instrument indic	the forgoi eated above, in accordance with current re- e instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
OF THE STATE OF N. TO SEE CHART VIEWS	Signat	ture of Certifying Official	(65 () Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 10/07/2008

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

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

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

Analyst's Name: 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: AG814101 Exp Date: 05/20/2010

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

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

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 130 Test Date: 10/07/2008 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
 DET	Pass	11:15am
BAR	Pass	11:15am
$\mathtt{BT}$	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Status Time

# Printer Tests

Test

PRNT	Pass	11:15am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16am 11:16am

Preventive Maintenance Status: Pass

Analyst

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

County	Stanly	Instrument Location 5ta	nly Gunty SD
Instrument S	Serial No. <u>008842</u>		Street Albemarle
		704 - 986 -373	4
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		ic 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	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expi changed every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
procedures w	vere performed on the instrument	indicated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
STATE STATE OF THE	Joseph 2	fuctions of Certifying Official	(650) Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 10/07/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:03am 11:04am 11:05am 11:06am
AIR BLK SUB TEST	.00	11:07am 11:09am 11:10am
AIR BLK	.00	TT:TUam

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

# STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 171
Test Date: 10/07/2008 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

And the second of the second o

Test	Status	Time
AIR	Pass	11:17am

#### Printer Tests

Test

PRNT	Pass	11:17am
	CRC Tests	
Test	Status	Time

Status

Time

COMP Pass 11:17am CAL Pass 11:17am

Preventive Maintenance Status: Pass

Analyst

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

County Liv	ncoln	Instrument Location Cour	thouse
Instrument Ser	rial No. <u>008837</u>	#1 Courthouse Squa 704-732-9020	re, Lincolnton
The preventive four months ar		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	or displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expira anged every four months or after 12.	
procedures wer	re performed on the instrument in	thouse , 20 <u>08</u> the dicated above, in accordance with column transfer the instrument is functioning proper	urrent regulations of the N.C.
OTHE STATE OF	Sach E He	neluns gnature of Certifying Official	650 Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 10/08/2008

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

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

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

Analyst's Name: 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	11:27am 11:28am 11:29am 11:29am 11:30am
AIR BLK SUB TEST	.00	11:31am 11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

**Analyst** 

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#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Record Number: 100 Test Date: 10/08/2008 Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
	· ·	
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
$\mathtt{BT}$	Pass	11:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:36am

#### Printer Tests

Test

PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time

Status Time

COMP Pass 11:36am CAL Pass 11:36am

Preventive Maintenance Status: Pass

Analyst

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

County Fo	orsyxh	Instrument Location For	esyth Co
Instrument Se	rial No. <u>60 85 83</u>	DETERTION	CENTER
The preventiv		ntoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expir nged every four months or after 12	ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	n the <u>30</u> day of <u>00</u> ere performed on the instrument ind f Health and Human Services, and t	icated above, in accordance with che instrument is functioning prope	he forgoing preventive maintenance current regulations of the N.C. erly.
THE STATE OF THE S	TO THE CARD OF THE	nature of Certifying Official	

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 10/30/2008

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 AIR BLK	Pass	11:14am 11:15am
ACCY CHK	.08	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
ATR BLK	.00	11:21am

Reported AG: \_00 g/210L

Mignature of Chemical Analyst

Court CVR

Analys

# FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 837 Test Date: 10/30/2008 Test Time: 11:23am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
$\mathtt{BT}$	Pass	11:24am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

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

COMP Pass 11:24am CAL Pass 11:24am

Preventive Maintenance Status: Pass

Analyst

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

	Detention Cent
al No. 008646 By Detention Dr.	Green. He a
	followed at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
Verify instrument displays time and date;	
Initiate breath test sequence;	
Enter information as prompted;	
Verify instrument accuracy;	
When "PLEASE BLOW" appears, collect breath sample;	
When "PLEASE BLOW" appears, collect breath sample;	
Print test record;	
Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	late, or the alcoholic breath bholic Breath Simulator tests,
e performed on the instrument indicated above, in accordance with current	going preventive maintenance t regulations of the N.C.
Sicheture of South Sing Official	Certificate Number
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be experience:  Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample;  When "PLEASE BLOW" appears, collect breath sample;  Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alcoholic program; and

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/23/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:31pm 12:32pm 12:33pm 12:34pm
SUB TEST	.00	12:34pm
AIR BLK	.00	12:35pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 346
Test Date: 10/23/2008 Test Time: 12:39pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm
		<u>F</u>

#### Blank Tests

Test	Status	Time
ΔΤΡ	Pass	12:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:41pm

Preventive Maintenance Status: Pass

Pass

12:41pm

CAL

Analyst

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

County 616	Instrument Location Greene 6.5.0.
Instrument Seria	INO. DO8670 301 N. Greene Sty Snow Hill, N.C
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.
I certify that on to procedures were Department of H	the day of day o
THE STATE OF MAN 20, 1775 MAN 2	To the All To
	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 10/22/2008

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: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:14pm 3:15pm 3:16pm
AIR BLK SUB TEST	.00 .00	3:16pm 3:17pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:19pm
ATR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

AND REPORT OF THE PROPERTY OF

# GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 624
Test Date: 10/22/2008 Test Time: 3:22pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:22pm
FLO	Pass	3:22pm
FC	Pass	3:22pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:23pm
SRC	Pass	3:23pm
DET	Pass	3:23pm
BAR	Pass	3:23pm
BT	Pass	3:23pm

# Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:23pm

Preventive Maintenance Status: Pass

Pass

3:23pm

CAL

Analyst

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

County	GUILFORD	Instrument Location BAT MOBILE UNIT 3
Instrumen	nt Serial No. <u>008707</u>	Instrument Location BAT MOBILE UNIT 3  GREEDSBORD, NC
The prever		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	splays pressure, or the alcoholic breath simulator thermometer show ee centigrade;
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" appears	s, collect breath sample;
7.	When "PLEASE BLOW" appears	s, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before expiration date, or the alcoholic breath d every four months or after 125 Alcoholic Breath Simulator tests,
	at on the <u>31</u> day of <u>027</u> s were performed on the instrument indicant of Health and Human Services, and the	the forgoing preventive maintenance ted above, in accordance with current regulations of the N.C. instrument is functioning properly.
THE STAR OF THE ST	Wenk	Scure 648 re of Certifying Official Certificate Number

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/31/2008

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 ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	9:46pm 9:47pm 9:48pm 9:49pm 9:49pm
SUB TEST	.00	9:50pm 9:52pm
AIR BLK	.00	9:49pm 9:50pm
AIR BLK	.00	9:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

# GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Te: Test Date: 10/31/2008 Te

Test Record Number: 197
Test Time: 9:54pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:54pm
FLO	Pass	9:54pm
FC	Pass	9:54pm

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:54pm 9:54pm
DET	Pass	9:54pm
BAR	Pass	9:54pm
BT	Pass	9:54pm

# Blank Tests

Test	Status	Time
ATR	Pagg	9.55nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55pm 9:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GUILFORD Instrument Location BAT MOBILE UNIT
Instrument S	GUILFORD Instrument Location BAT MOBILE UNIT GREENSBORD, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the 31 day of OCTOBER, 20 08 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Flealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

#### GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/31/2008

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

g/210L	Time
Pass .00 .07	9:52pm 9:53pm 9:54pm
	9:55pm
	9:55pm
	9:56pm
.00	9:58pm
.00	9:59pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ry Banes Analyst

# GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Record Number: 365 Test Date: 10/31/2008 Test Time: 9:59pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:00pm 10:00pm
FC	Pass	10:00pm

# Temperature Tests

Test	Status	Time
FC1	Pass	10:00pm
SRC	Pass	10:00pm
DET	Pass	10:00pm
BAR	Pass	10:00pm
BT	Pass	10:00pm

# Blank Tests

Test	Status	Time
AIR	Pass	10:01pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:01pm
	CRC Tests	
Test	Status	Time

1050	Status	TIME
COMP CAL	Pass Pass	10:01pm 10:01pm

Preventive Maintenance Status: Pass

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

County C	UILFORD Instrument Location BAT MOBILE UNIT 3
Instrument So	erial No. OO8616  Instrument Location BAT MOBILE UNIT 3  GREENSBORD, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 31 day of OCTOBER, 208 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF OUR VIEW	QQ Q (648

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

Signature of Certifying Official

Certificate Number

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:03pm 10:04pm 10:05pm 10:05pm <b>10:06pm</b>
AIR BLK	.00	10:07pm
SUB TEST	.00	10:0.8pm
AIR BLK	.00	10:0.9pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 337 

System Check: Passed

## Baseline Tests

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

# Temperature Tests

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

10:11pm

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

County + 1	Instrument Location 13 AT Michile Chick 21
Instrument Seria	al No. <u>CC 2717</u>
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 31st day of color 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 AN AUTOMOTIVE STATE OF AN AUTOMOTIVE STATE OF AUTO	Signature of Certifying Official Certificate Number

### PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717 Test Record Number: 111
Test Date: 10/31/2008 Test Time: 7:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:59pm
FLO	Pass	7:59pm
FC	Pass	7:59pm

### Temperature Tests

Test	Status	Time
FC1	Pass	7:59pm
SRC	Pass	7:59pm
DET	Pass	7:59pm
BAR	Pass	7:59pm
BT	Pass	7:59pm

#### Blank Tests

Test	Status	Time
ΔTP	Pass	7 • 5 9 mm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:00pm 8:00pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008717 Test Date: 10/31/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	7:50pm 7:51pm 7:52pm 7:53pm
SUB TEST	.00	7:53pm
AIR BLK	.00	7:54pm
SUB TEST	.00	7:56pm
AIR BLK	.00	7:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

The state of the s

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

County	PITT	Instrument Location 1557 1110	Bile Levit #
Instrument S	erial No. <u>CC 8 788</u> _	62ten	V.iLc
The prevention four months	ve maintenance procedures for the Intox	imeters, Model Intox EC/IR II to be fo	sllowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	lays pressure, or the alcoholic breath s centigrade;	imulator thermometer shows
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.	is being changed before expiration datevery four months or after 125 Alcohole	te, or the alcoholic breath solic Breath Simulator tests,
I certify that procedures we Department of	on the	the forgo ed above, in accordance with current restrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	So Note that the second	6 Talan	<u>63</u> 6
	**Signatur	e of Certifying Official	Certificate Number

# PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test
Test Date: 10/31/2008 Test

Test Record Number: 116
Test Time: 10:44pm EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test Status Time	
DET Pass 10:4 BAR Pass 10:4	15pm 15pm 15pm 15pm 15pm

#### Blank Tests

Test	Status	Time
ΔTR	Pass	10:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:46pm 10:46pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Date: 10/31/2008

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 .08 .00 .00	10:35pm 10:36pm 10:36pm 10:37pm 10:39pm 10:39pm
SUB TEST	.00	10:41pm
AIR BLK	.00	10:42pm

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	371	Instrument Location_	1500	mosile	len. T +	<u>S</u>
Instrument Serial	No. 008698		6 пев	JUILE		_
The preventive m four months are:	naintenance procedures for the Int	oximeters, Model Intox	EC/IR II to	be followed at	least once every	_
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic br	eath simulator t	hermometer 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" appear	rs, collect breath sample	e;			
7.	When "PLEASE BLOW" appear	rs, collect breath sample	e;			
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before ged every four months o	ore expirati r after 125	on date, or the a	alcoholic breath th Simulator tests	5,
	performed on the instrument indicealth and Human Services, and the	cated above, in accordant	ice with cur	rent regulation:	ntive maintenances of the N.C.	æ
THE STATE OF A CO. TITS A CO. TIT	Signa	ture of Certifying Office	ial <sup>(</sup>		56	

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

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Record Number: 239
Test Date: 10/31/2008 Test Time: 10:50pm EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:52pm

#### Printer Tests

Test

COMP

PRNT	Pass	10:52pm
	CRC Tests	
Test	Status	Time

Status

Time

10:52pm

CAL Pass 10:52pm

Pass

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Date: 10/31/2008

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	10:38pm
AIR BL	K .00	10:39pm
ACCY C	HK .07	10:40pm
AIR BL	K .00	10:41pm
SUB TE	ST .00	10:41pm
AIR BL	K .00	10:42pm
SUB TE	ST .00	10:44pm
AIR BL	K .00	10:45pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Pitt Instrument Location 1937 MCB. 16 LW.T
Instrument	Serial No. <u>008600</u> <u>GREENVILLE</u>
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the 3/ day of 0 to 6 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STA COLOR STA	Signature of Certifying Official Certificate Number

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Record Number: 396 Test Date: 10/31/2008 Test Time: 11:02pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:02pm
FLO	Pass	11:02pm
FC	Pass	11:02pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:02pm
SRC	Pass	11:02pm
DET	Pass	11:02pm
BAR	Pass	11:02pm
BT	Pass	11:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

#### Printer Tests

Status

Test

PRNT	Pass	11:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:03pm 11:03pm

Time

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Date: 10/31/2008

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	Pass .00 .07 .00 .00	10:53pm 10:54pm 10:54pm 10:55pm 10:56pm 10:57pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	Man Instrument Location BA Mobile Unit 4
Instrument Ser	rial No. <u>CO 8734</u>
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.
procedures we	n the 30 the day of Cotologo, 20 0 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF CHANGE OF THE STATE OF	Signature of Certifying Official Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734 Test Record Number: 153 Test Date: 10/30/2008 Test Time: 6:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:55pm
FLO	Pass	6:55pm
FC	Pass	6:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	6:55pm
SRC	Pass	6:55pm
DET	Pass	6:55pm
BAR	Pass	6:55pm
$\mathtt{BT}$	Pass	6:55pm

#### Blank Tests

3.TD	rest	Status	TIME
	λTD	Pagg	6.56nm

#### Printer Tests

Test

COMP

CAL

Time

6:56pm

6:56pm

PRNT	Pass	6:56pm
	CRC Tests	
Test	Status	Time
	CRC Tests	-

Status

Preventive Maintenance Status: Pass

Pass

Pass

OTTOMOR OF SO

Analyst

DURHAM COUNTY BAT MOBILE UNIT 4 310

Serial Number: 008734 Test Date: 10/30/2008

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:46pm
AIR BLK	.00	6:47pm
ACCY CHK	.07	6:48pm
AIR BLK	.00	6:49pm
SUB TEST	.00	6:49pm
AIR BLK	.00	6:50pm
SUB TEST	.00	6:52pm
ATR BLK	. 00	6:53pm

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

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

County	P: H Instrument Location & AT Mobile Unit 4
Instrument So	erial No <u>CC 887</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 314 day of 6, 20 0 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF WAY 20. 17	Signature of Certifying Official Certificate Number

#### PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871 Test Record Number: 71 Test Date: 10/31/2008 Test Time: 8:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:09pm
FLO	Pass	8:09pm
FC	Pass	8:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:10pm
SRC	Pass	8:10pm
-DET-	Pass	8:10pm
BAR	Pass	8:10pm
$\mathtt{BT}$	Pass	8:10pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:10pm

Preventive Maintenance Status: Pass

Pass

CAL

8:10pm

Analyst

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008871 Test Date: 10/31/2008

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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	8:01pm
AIR BLK	.00	8:02pm
ACCY CHK	.07	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm
SUB TEST	.00	8:06pm
ATR BLK	.00	8:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Pit Instrument Location SAT While Unit 4	
Instrument	Serial No. <u>008734</u>	
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever 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.	i sts,
procedures	on the day of codow, , 2002 the forgoing preventive maintenar 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.	nce
TE STAND OF THE COLUMN OF THE	Signature of Certifying Official Certifying Number	_

#### PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Record Number: 156 Test Date: 10/31/2008 Test Time: 7:56pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:57pm
FLO	Pass	7:57pm
FC	Pass	7:57pm

### Temperature Tests

Test	Status	Time
EG1	Dogg	7 - E 720m
FC1	Pass	7:57pm
SRC	Pass	7:57pm
DET	Pass	7:57pm
BAR	Pass	7:57pm
$\mathtt{BT}$	Pass	7:57pm

#### Blank Tests

Test	Status	Time
ΔTR	Pass	7 : 57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:58pm

Pass

7:58pm

Preventive Maintenance Status: Pass

CAL

Analyst

PITT COUNTY BAT MOBILE UNIT 4 730

Serial Number: 008734 Test Date: 10/31/2008

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: 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

-- /010T EI---

Test	g/210L	Time
DIAG	Pass	7:48pm
AIR BLK	.00	7:49pm
ACCY CHK	.07	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:51pm
AIR BLK	.00	7:52pm
SUB TEST	.00	7:54pm
AIR BLK	.00	7:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II SAT Mobile Unit 6 County Mcallenburg Instrument Location Instrument Serial No. 008869 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of OCTObe, 2008 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

### MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008869 Test Record Number: 97 Test Date: 10/30/2008 Test Time: 9:47pm EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	9:48pm
SRC	Pass	9:48pm
DET	Pass	9:48pm
BAR	Pass	9:48pm
$\mathtt{BT}$	Pass	9:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:49pm 9:49pm

Preventive Maintenance Status: Pass

Ańalyst

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

> Serial Number: 008869 Test Date: 10/30/2008

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:40pm 9:41pm
ACCY CHK	.07	9:42pm
AIR BLK	.00	9:43pm
SUB TEST	.00	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	.00	9:46pm
AIR BLK	.00	9:47pm

Reported AC:/ .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Megglen burg Instrument Location BAT Mib-le Unitle			
	Instrument Serial No. <u>068939</u> <u>Charlotte</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 shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
procedures w	on the 30 day of 0 CTOBER, 20 by 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.			
OF STATE STATE OF THE STATE OF				

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

Signature of Certifying Official

Certificate Number

### MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008939 Test Record Number: 109
Test Date: 10/30/2008 Test Time: 10:22pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:24pm

#### Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

> Serial Number: 008939 Test Date: 10/30/2008

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:15pm 10:16pm 10:16pm 10:17pm 10:17pm 10:18pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	Meck/exbury Instrument Location BAT Mobile Unit 6  Serial No. 008898 Charlotte
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 30 day of 0 Chobe, 2008 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE STATE OF THE STATE OF	

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

Signature of Certifying Official

Certificate Number

# MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008898 Test Record Number: 112 Test Date: 10/30/2008 Test Time: 10:34pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

#### Printer Tests

Test

PRNT	Pass	10:35pm
	CRC Tests	
Toat	Ctatus	Timo

Status

Time

Test	Status	Time
COMP	Pass	10:35pm
CAL	Pass	10:35pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

> Serial Number: 008898 Test Date: 10/30/2008

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:27pm 10:28pm 10:28pm 10:29pm 10:29pm 10:31pm 10:32pm
AIR BLK	.00	10:32pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Males

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 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; Enter information as prompted; 4 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of OCTOber 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.

CAROLIN

Signature of Certifying Official

Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Record Number: 99
Test Date: 10/04/2008 Test Time: 11:11prn EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:11pm 11:11pm 11:11pm 11:11pm 11:11pm
		Т-

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 10/04/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:04pm 11:05pm
ACCY CHK	.07	11:05pm
AIR BLK	.00	11:06pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:09pm
ATR BLK	.00	11:10pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

A. C. Massel

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Instrument Location BATMobileUpitle
Instrument S	erial No. 008869 Pine Knoll Shores
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
STATE STATE OF THE	

#### CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Record Number: 77
Test Date: 10/04/2008 Test Time: 10:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:49pm
FLO	Pass	10:49pm
FC	Pass	10:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:49pm
SRC	Pass	10:49pm
DET	Pass	10:49pm
BAR	Pass	10:49pm
BT	Pass	10:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:50pm

Status

Time

#### Printer Tests

Test

PRNT	Pass	10:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:50pm 10:50pm

Preventive Maintenance Status: Pass

Analyst

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 10/04/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:40pm 10:41pm 10:42pm 10:43pm 10:43pm 10:44pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

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

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

Certifying Official

#### CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Record Number: 96
Test Date: 10/04/2008 Test Time: 11:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:00pm
FLO	Pass	11:00pm
FC	Pass	11:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01pm
SRC	Pass	11:01pm
DET	Pass	11:01pm
BAR	Pass	11:01pm
BT	Pass	11:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	11:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:01pm 11:01pm

Preventive Maintenance Status: Pass

Änalyst

CARTERET BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 10/04/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:52pm
AIR BLK	.00	10:53pm
ACCY CHK	.07	10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:55pm
AIR BLK	.00	10:56pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: //00 g/210L

Signature of Chemical Analyst

Court CVR

H. C. Mallela.
Analyst

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	erial No. 608939 Charlotte
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
O'STAT ONE STATI	

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

Signature of Certifying Official

Certificate Number

#### MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008939 Test Record Number: 106
Test Date: 10/29/2008 Test Time: 10:38pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass Pass	10:39pm 10:39pm
Pass	10:39pm
Pass Pass	10:39pm 10:39pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:40pm 10:40pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

> Serial Number: 008939 Test Date: 10/29/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:31pm 10:32pm 10:32pm 10:33pm 10:33pm 10:34pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

Reported AC: 09/g/210L

Signature of Chemical Analyst

Court CVR

H. C. Malyst

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

County_	realizations	Instrument Location_	BATNOETH Unit
	erial No. <u>608 869</u>		
The preventive four months a	•	imeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree		lcoholic breath simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample	); ;
7.	When "PLEASE BLOW" appears	, collect breath sample	<b>;</b> ;
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 the second is every four months or	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests
procedures w	on the <u>J</u> day of <u>OCTO</u> ere performed on the instrument indicat if Health and Human Services, and the i	ied above, in accordan	the forgoing preventive maintenance with current regulations of the N.C. ing properly.
WWWID STATE OREAST TO STATE OF		re of Certifying Offici	al Certificate Number

#### MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008869 Test Record Number: 93 Test Date: 10/29/2008 Test Time: 10:25pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	10:26pm
	CRC Tests	
Test	Status	Time

COMP Pass 10:26pm CAL Pass 10:26pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

> Serial Number: 008869 Test Date: 10/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:19pm
ACCY CHK	.07	10:19pm
AIR BLK	.00	10:20pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:23pm
ATR BLK	- 00	10:24pm

Reported AC:

Chemical Analyst Signature of

Court CVR

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

Rev. 12/2007

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

County PA	Squotank Instrument Location BAT Mobile Unit 6
Instrument Seria	INO. 668869 ElizABETH City
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 25 day of OCTOBET, 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.
OTHE STATE OF NOTICE OF A STATE O	K. C. Much_ Signature of Certifying Official  Certificate Number

#### PASQUOTANK COUNTY BAT MOBILE UNIT 6 690

Serial Number: 008869 Test Record Number: 88 Test Date: 10/25/2008 Test Time: 9:57pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:57pm
SRC	Pass	9:57pm
DET	Pass	9:57pm
BAR	Pass	9:57pm
$\mathtt{BT}$	Pass	9:57pm

#### Blank Tests

Test	Status	Time	
ATR	Pagg	9.58nm	

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PASQUOTANK COUNTY BAT MOBILE UNIT 6 690

Serial Number: 008869 Test Date: 10/25/2008

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.07	9:52pm
AIR BLK	.00	9:52pm
SUB TEST	.00	9:53pm
AIR BLK	.00	9:54pm
SUB TEST	.00	9:55pm
AIR BLK	.00	9:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

M.C. Malest

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mecklynbarg Instrument Location	
Instrument Se	Serial No. <u>008898</u> <u>ABC</u>	
The prevention four months	tive maintenance procedures for the Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
I certify that procedures v Department	were performed on the instrument indicated above, in accordance we tof Health and Human Services, and the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
TAL STATE OF THE S	Signature of Certifying Official	

#### MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

Serial Number: 008898 Test Record Number: 105
Test Date: 10/16/2008 Test Time: 11:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:14pm
SRC	Pass	11:14pm
DET	Pass	11:14pm
BAR	Pass	11:14pm
BT	Pass	11:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:15pm

#### Printer Tests

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

11:15pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 6 590

> Serial Number: 008898 Test Date: 10/16/2008

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: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:58pm 10:58pm 10:59pm 11:00pm 11:00pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analy

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

County UA	KE	Instrument Location	CCE	SI
Instrument Seria	l No. <u>00 3826</u>	330 S. SALISBU	RY ST.	RALEIGH, NC
The preventive r four months are:	naintenance procedures for the	Intoximeters, Model Intox E	EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic bre	ath 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.				n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures were	the <u>2S</u> day of <u>50</u> performed on the instrument in lealth and Human Services, and	idicated above, in accordance	ce with curr	
THE STATE OF NO.	Sie	gnature of Certifying Officia	al	Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 10/28/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: 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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	4:53pm
AIR BLK	.00	4:53pm
ACCY CHK	.07	4:54pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:56pm
SUB TEST	.00	4:58pm
ATR RIK	. 00	4 · 5 9 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 712 Test Date: 10/28/2008 Test Time: 5:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:00pm
FLO	Pass	5:00pm
FC	Pass	5:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:00pm
SRC	Pass	5:00pm
DET	Pass	5:00pm
BAR	Pass	5:00pm
BT	Pass	5:00pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:01pm
	CRC Tests	
Test	Status	Time

COMP	Pass	5:01pm
CAL	Pass	5:01pm

Preventive Maintenance Status: Pass

**Analyst** 

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

County	EAUFORT Instrument Location BECHAVEN POLICE DEPT.
Instrument S	erial No. 008908 BELHAVER N.C.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of OCTOCK, 20 08 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Stoppe School of the state of t
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 10/20/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:21pm 12:22pm 12:22pm 12:23pm 12:24pm 12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 52 Test Date: 10/20/2008 Test Time: 12:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:29pm 12:29pm
 	Pass	12:29pm
BAR	Pass	12:29pm
BT	Pass	12:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

#### Printer Tests

	<b>7</b>	m.i.v.
	CRC Tests	
PRNT	Pass	12:30pm
Test	Status	Time

Test	Status	TTIIIE
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

Ind A leave

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

County	Instrument Location Tyrrell Co. 5.0.
Instrument Seri	ial No. 008902 402 Main ST, Columbia, N.S
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the OSM day of OTOGEM, 20 OS the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF A STAT	Former 1 Land 647
	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 10/23/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:10pm 4:11pm 4:11pm 4:12pm
SUB TEST AIR BLK	.00	4:13pm 4:14pm
SUB TEST AIR BLK	.00	4:15pm 4:16pm

Reported AC, .00 g/210L

of Chemical Analyst

Court CVR

Fires A. Keel

#### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 83 Test Date: 10/23/2008 Test Time: 4:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:20pm
SRC	Pass	4:20pm
DET	Pass	4:20pm
BAR	Pass	4:20pm
$\mathtt{BT}$	Pass	4:20pm

#### Blank Tests

Test	Status	Time
ATR	Pagg	4 · 21 mm

#### Printer Tests

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

Pass

Preventive Maintenance Status: Pass

CAL

Jinda Keese Analyst

4:21pm

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

County 1/4	Instrument Location Washing	TON CO. 5.0.
Instrument Seri	ial No. DO 8829 Adams ST., Plymo	eth, N.C
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
	the 23 hp day of 0 C 7 5 c 1, 20 0 g the forgo e performed on the instrument indicated above, in accordance with current realth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF A STATE O	MANO MANA KARL	647
	Signature of Certifying Official	Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 10/23/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:48pm 2:49pm 2:49pm 2:50pm 2:51pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	2:52pm 2:53pm 2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 88 Test Date: 10/23/2008

Test Time: 3:07pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:07pm 3:07pm
FC	Pass	3:07pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:08pm
SRC	Pass	3:08pm
DET	Pass	3:08pm
BAR	Pass	3:08pm
BT	Pass	3:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	mq80:6

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:08pm 3:08pm

Preventive Maintenance Status: Pass

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

County_	Wayne Instrument Location Wayne Co. Detention Center
Instrume	Instrument Location Wayne Co. Defention Center ont Serial No. 008671 207 E. Cheston 5T. Goldson, N.C.
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every oths 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	hat on theday of
GREAT STA	STATE OF NORTH
	Signature of Certifying Official Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 10/23/2008

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

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

Driver's License 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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	10:03am
AIR BLK	.00	10:04am
ACCY CHK	.07	10:05am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jins N. Keel

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Record Number: 480 Test Date: 10/23/2008 Test Time: 10:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:13am
FLO	Pass	10:13am
FC	Pass	10:13am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:13am
SRC	Pass	10:13am
DET	Pass	10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14am 10:14am

Preventive Maintenance Status: Pass

Analyst Keese

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

County	Nayne Instrument Location Wayne G. Petertin CENTRA
Instrument S	Serial No. 00 8649 2076 Chestnut St., 6.0s 6000, N.
The prevent	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 w	on the <u>J3</u> day of <u>Jc700</u> , 20 <u>J</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.
OR THE STATE OF TH	
- WILLIAM	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 10/23/2008

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

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

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

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

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

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

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

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find S. Leer

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 770 Test Date: 10/23/2008 Test Time: 10:12am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:13am 10:13am
FC	Pass	10:13am

#### Temperature Tests

	Test	Status	Time
,	FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:13am 10:13am 10:13am 10:13am 10:13am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:14am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Jind A. Cure
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County S	silford Instrument Location High Point Jail
Instrument Seri	ial No. 008718 High Paint, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of crobe 2, 20 8 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF MAN 12 THE	Signature of Certifying Official Certificate Number

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Date: 10/21/2008

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: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	11:25am 11:26am
ACCY CHK	.07	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Record Number: 89 Test Date: 10/21/2008 Test Time: 11:32am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
$\mathtt{BT}$	Pass	11:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

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

2020		
COMP	Pass	11:34am
CAL	Pass	11:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County County	ilford Instrument Location High Point Jail
Instrument Seria	11 No. 008655 High Point, N.C.
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
OTHE STATE OF N	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 10/21/2008

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: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	12:02pm
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	12:07pm
AIR BLK	. 00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 402 Test Date: 10/21/2008 Test Time: 12:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

#### Temperature Tests

Status	Time
Pass	12:10pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:10pm 12:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

<b>.</b>	ROWAN Instrument Location 5/1/560784 Police
County Instrumen	Serial No. 008868
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	nat on the day of day o
GREAT SEA	CAROLINA DE LA CAROLINA DEL CAROLINA DEL CAROLINA DE LA CAROLINA D

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 10/21/2008

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	2:48pm 2:49pm 2:50pm 2:51pm 2:51pm 2:52pm 2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 199
Test Date: 10/21/2008 Test Time: 2:55pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:57pm 2:57pm

Preventive Maintenance Status: Pass

Analyst

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

County R	erial No. 008835  Instrument Location SAlisbury Police  Department
Instrument S	erial No. 008835 Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of orbeid, 2008 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE COLUMN TO THE STATE OF THE	CAROLINA CONTROL CONTR

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/21/2008

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:07pm 3:08pm 3:08pm 3:09pm <b>3:10pm</b>
AIR BLK SUB TEST	.00 .00	3:11pm 3:12pm
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

evil Dean

Rev. 12/2007

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 103 Test Date: 10/21/2008 Test Time: 3:14pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:14pm
FLO	Pass	3:14pm
FC	Pass	3:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:14pm
SRC	Pass	3:14pm
DET	Pass	3:14pm
BAR	Pass	3:14pm
BT	Pass	3:14pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

#### Printer Tests

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

Test	Status	Time
COMP	Pass	3:15pm
CAL	Pass	3:15pm

Preventive Maintenance Status: Pass

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

County	Johnston Instrument Location Johnston
Instrument !	Serial No. 008810 COUNTY JAIC Swithfield, NC.
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures	at on the <u>Al</u> day of <u>OCTOBER</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. t of Health and Human Services, and the instrument is functioning properly.
STA	Signature of Certifying Official Certificate Number

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 10/21/2008

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: AG722702 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:35am 11:35am 11:36am 11:37am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am

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Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON JOHNSTON CO. JAIL 500

Test Record Number: 173 Serial Number: 008810 Test Date: 10/21/2008 Test Time: 11:43am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:43am 11:43am
FC	Pass	11:43am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:43am
SRC	Pass	11:43am
DET	Pass	11:43am
BAR	Pass	11:43am
BT	Pass	11:43am

#### Blank Tests

Test	Status	Time	
AIR	Pass	11:44am	

#### Printer Tests

Test

Status

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

Time

Preventive Maintenance Status: Pass

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

County	wain Instrument Location Swain Co. Jail
Instrument Se	erial No. 008727 Bryson City, NC
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OME STATE  OME STATE	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 10/09/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

Lot Number: AG7220702 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:02am 11:03am 11:04am
AIR BLK	.00	11:04am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daif R. Cuthan Analyst

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 156 Test Date: 10/09/2008 Test Time: 11:09am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:10am

#### Printer Tests

Teat

1000	Status	111116
PRNT	Pass	11:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:10am 11:10am

Statue Time

Preventive Maintenance Status: Pass

Analyst

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

· · · · · · · · · · · · · · · · · · ·	Vain Instrument Location Swain Co. Jail
Instrument Seri	al No. 008723 Bryson City, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of
THE STATE OF A STATE O	Carl R (att - 635
	Signature of Certifying Official Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 10/09/2008

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

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 109 Test Date: 10/09/2008 Test Time: 11:10am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

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

11:11am

Preventive Maintenance Status: Pass

Pass

CAL

En R. Cuth

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

County ///:	tchell	Instrument Location_	Sprace	Pine P.D.
Instrument Serial	No. <u>008726</u>	Spruce	Pine A	10
The preventive m four months are:	naintenance procedures for the Inte	oximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		alcoholic breath si	mulator thermometer show
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			·
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sampl	e;	
7.	When "PLEASE BLOW" appear	rs, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures were	ne <u>23</u> day of <u>0 cto</u> performed on the instrument indice ealth and Human Services, and the	ated above, in accordai	nce with current re	ng preventive maintenance gulations of the N.C.
STATE OF OCUMENTS OF THE PROPERTY OF THE PROPE		R Luthanian Office		635 Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/23/2008

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

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

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Caif R. Cuth-Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 134
Test Date: 10/23/2008 Test Time: 11:46am EDT

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
ΒT	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 CAL	Pass Pass	11:47am 11:47am

Preventive Maintenance Status: Pass

Analyst

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

County_A	Very Instrument Location Avery Co. Juil
Instrument So	erial No. 208664 Instrument Location Avery Co. Juil  Newland, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the
THE CULTURE OF THE CONTROL OF THE CO	

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

Signature of Certifying Official

Certificate Number

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/07/2008

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

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

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

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

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:35pm
AIR BLK	.00	4:35pm
ACCY CHK	.07	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Record Number: 129
Test Date: 10/07/2008 Test Time: 4:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:42pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:42pm 4:42pm

Preventive Maintenance Status: Pass

Analyst

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

County AV	Instrument Location Banger E/K P.D.  al No. 088724  Benner E/K, NC
Instrument Seria	No. 088724 Benner E/K, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>H</u> day of <u>October</u> , 20 <u>OB</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 STATE OF A STATE OF	CAROLLA CAROLL
	Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/08/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:31am
AIR BLK	.00	11:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 80 Test Date: 10/08/2008 Test Time: 11:34am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:35am
FC	Pass	11:35am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
$\mathtt{BT}$	Pass	11:35am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:35am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:36am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:36am

11:36am

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Date: 10/09/2008

Citation Number: M0000000-0 Subject's Name: CANISTER, CHANGE Subject'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 ACCY CHK	Pass .00 .08	4:21pm 4:22pm 4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:25pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

	Dowe 11			
Instrument Seria	l No. <u>008892</u>		Malion,	VC
The preventive i	naintenance procedures for the Ir	ntoximeters, Model Intox	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simu	lator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sampl	e;	
7.	When "PLEASE BLOW" appe	ears, collect breath sampl	e;	
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.			
I certify that on procedures were Department of H	the <u>leady of Detail</u> performed on the instrument ind  (ealth and Human Services, and t	, 20 icated above, in accorda he instrument is function	<u>## the forgoing</u> the forgoing nee with current regulating properly.	preventive maintenance lations of the N.C.
TO THE STATE OF A PART OF THE STATE OF A PART OF THE STATE OF A PART OF THE STATE O	Ogun CAROUNT	sature of Certifying Office		649 Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 10/16/2008

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: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.07	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 87 Test Date: 10/16/2008 Test Time: 10:38am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	10:38am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39am

#### Printer Tests

Test

CAL

PRNT	Pass	10:39am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:39am

Status Time

10:39am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Mc	
Instrument Seria	No. 00888 Marion, NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the / 6 day of October , 20 08 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF N. P. T.	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 10/16/2008

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: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:30am 10:31am 10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:33am
AIR BLK	.00	10:34am
SUB TEST	.00	10:35am
AIR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 113 Test Date: 10/16/2008 Test Time: 10:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:37am 10:37am
FC	Pass	10:37am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

#### Printer Tests

Test

CAL

PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:39am

Pass

10:39am

Status Time

Preventive Maintenance Status: Pass

Analyst

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

County C	barrus Instrument Location Kannapolis P.D.
Instrument Seria	11 No. 008589 314 S. Main St., Kannapolis
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.
	theday of, 20
STATE OF NOTICE	Beful (Oillio 55)  Signature of Certifying Official Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 10/09/2008

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

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

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

Analyst's Name: 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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.07	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
ATR BLK	.00	3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Record Number: 466
Test Date: 10/09/2008 Test Time: 3:45pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
$\mathtt{FLO}$	Pass	3:45pm
FC	Pass	3:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	-3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time

<b>-</b>	1000	Deacab	TIME
	<del>-</del>		3:46pm 3:46pm

Preventive Maintenance Status: Pass

Analyst

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

County (	Instrument Location Cabarrys Co. S. D.
Instrument Seria	11 No. <u>008590</u> <u>25 Carban Ave., Concord</u> 704-920-3000
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
•	the day of, 20, 20
THE STATE OF N. ST	Btly William 557 Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 10/09/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bofley D. Willis Judges

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Record Number: 392 Test Date: 10/09/2008 Test Time: 2:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:31pm 2:31pm
FC	Pass	2:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:32pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
$_{ m BT}$	Pass	2:32pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:32pm 2:32pm

Preventive Maintenance Status: Pass

Analyst

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

County Ca	barrus	Instrument Location_	Cabarrus Co. S.D.	,
Instrument Seria	1 No. <u>008625</u>	25 Corban 704-920-	Ave. Concord	
The preventive r four months are:			EC/IR II to be followed at least once e	very
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath simulator thermometer	r show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
<b>4.</b>	Enter information as prompted;		***	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	2;	
7.	7. When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.			ore expiration date, or the alcoholic bre r after 125 Alcoholic Breath Simulator	
		cated above, in accordan	∴ S the forgoing preventive mainte ce with current regulations of the N.C. ng properly.	nance
THE COUNTY VIEWS AND THE STATE OF NO.	B to the signal of the signal	ture of Certifying Officia	(lli) 557 al Certificate Numbe	er

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 10/09/2008

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

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

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

Analyst's Name: 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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:48pm 1:49pm 1:50pm 1:51pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Court CVR

### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 785 Test Date: 10/09/2008 Test Time: 1:56pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:57pm 1:57pm
FC	Pass	1:57pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
 DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:58pm 1:58pm

Preventive Maintenance Status: Pass

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

County	ncoln	Instrument Location	Courthouse
Instrument Seria	ul No. <u>008833                                 </u>	#1 Courthous	
The preventive r four months are:		ntoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	,	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		licated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE CHANNESS TO THE STATE OF NO.	Sim CAROUND Sim	Fluy D, W nature of Certifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/08/2008

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

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

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

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

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

Lot Number: AG723302 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	11:31am
AIR BLK	.00	11:32am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 262 Test Date: 10/08/2008 Test Time: 11:41am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:41am 11:41am
FC	Pass	11:41am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
BT	Pass	11:41am

#### Blank Tests

Test	Status	Time
ATR	Pass	11:42am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County 5	ampson!	Instrument Location_	Sampson	County
Instrument Seria	ainpson/ al No8825		Sheri As	DEPt.
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be followed at le	east once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o		lcoholic breath simulator th	ermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	6. When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months of	ore expiration date, or the all r after 125 Alcoholic Breath	Icoholic breath Simulator tests,
I certify that on procedures were Department of I	theday of e performed on the instrument in Health and Human Services, and	ndicated above, in accordant the instrument is function	$\frac{\partial \mathcal{S}}{\partial \mathcal{S}}$ the forgoing preven ace with current regulations ing properly.	ntive maintenance of the N.C.
OF THE STATE OF TH	NORTH CAROLINA Si	Hoy July gnature of Oertifying Offici		cate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 10/23/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:26am 10:27am 10:28am 10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 212 Test Date: 10/23/2008 Test Time: 10:35am EDT

System Check: Passed

### Baseline Tests

IR Pass 10:35a FLO Pass 10:35a FC Pass 10:35a	am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:36am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:36am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	rampson	Instrument Location Samo	son County
Instrument Serial	No. <u>8877</u>	Instrument Location Samo	Lo Dept.
The preventive m four months are:	aintenance procedures for the Int	oximeters, Model Intox EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration d ged every four months or after 125 Alco	
I certify that on the procedures were Department of He	ne 23 day of 00 performed on the instrument indicates and Human Services, and the	the forgoated above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE ONLY TO THE STATE ONLY T	ATH CAROLINA	ture of Certifying Official	Certificate Number
	Signa	ture or Certifying Official	Certificate Number

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 10/23/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:26am 10:27am 10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 120 Test Date: 10/23/2008 Test Time: 10:37am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:37am 10:37am
FC	Pass	10:37am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:37am
SRC	Pass	10:37am
DET	Pass	10:37am
BAR	Pass	10:37am
$\mathtt{BT}$	Pass	10:37am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:38am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:38am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:38am
CAL	Pass	10:38am

Preventive Maintenance Status: Pass

Analyst

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

County	Duplin	Instrument Location	WARSA	<u> </u>
Instrument	Serial No		POLICE	Dept.
The preven	ntive maintenance procedures for the	ne Intoximeters, Model Intox I	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the a 2 degree centigrade;	lcoholic breath simul	ator 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" a	appears, collect breath sample	i <b>;</b>	
7.	When "PLEASE BLOW" a	appears, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.		canister is being changed before changed every four months or		
procedures	at on theday of were performed on the instrument t of Health and Human Services, a	indicated above, in accordance	ce with current regul	preventive maintenance ations of the N.C.
A LAND SEE CHEAT	ME O TO O TO THE CARROLL OF THE CARR	How Pin	ldes i	634

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 10/14/2008

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

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

Test

Test	9/2100	TIME
DIAG	Pass	11:19am
AIR BLK	.00	11:20am
ACCY CHK	.07	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:22am
AIR BLK	.00	11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

a/2101. Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 84 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

### Printer Tests

CAL

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

Preventive Maintenance Status: Pass

Pass

11:29am

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

County	DupLind Instrument Location WALLACE
Instrument	Serial No. 8558 POLICE DEPC.
The preven	ative maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	at on theday of
CONTRACTOR OF THE CONTRACTOR O	Signature of Certifying Official Certificate Number

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 10/14/2008

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	10:34am 10:35am 10:36am 10:36am 10:37am 10:38am 10:40am
AIR BLK	.00	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Record Number: 92 Test Date: 10/14/2008 Test Time: 10:43am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:43am
SRC	Pass	10:43am
DET	Pass	10:43am
BAR	Pass	10:43am
BT	Pass	10:43am

### Blank Tests

Test	Status	Time
AIR	Pass	10:44am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:44am

Pass

10:44am

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Dushin	Instrument Location	Duplin	· County
Instrument Ser	rial No86/3		Sherillo	DEN
The preventive four months ar	e maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the a legree centigrade;	alcoholic breath simu	lator 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	e;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	9;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed bef anged every four months o	ore expiration date, or after 125 Alcoholid	or the alcoholic breath c Breath Simulator tests,
I certify that of procedures we Department of	on the day of ere performed on the instrument in f Health and Human Services, and	Chobbes, , 20 ndicated above, in accordant the instrument is function	↑ S the forgoing nce with current reguling properly.	preventive maintenance plations of the N.C.
MAN MALIO SESTING ORENTAL SESTING OF THE SESTING OF	JAN.	gnature of Certifying Office	) 	Certificate Number

DUPLIN DUPLIN CO SD 300

Serial Number: 008613 Test Date: 10/10/2008

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

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

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

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

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

> Lot Number: 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	12:42pm 12:43pm 12:44pm 12:45pm 12:45pm 12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008613 Test Record Number: 210 Test Date: 10/10/2008 Test Time: 12:52pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	12:53pm
SRC	Pass	12:53pm
DET	Pass	- 12:53pm
BAR	Pass	12:53pm
BT	Pass	12:53pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Time

### Printer Tests

Status

Test

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

Preventive Maintenance Status: Pass

**Analyst** 

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

County	BRUNSWICK	Instrument Loc	ation BRUNSO	nek Count
Instrument	Serial No. <u>\$602</u>		Shenko	DEPC.
The prever	ntive maintenance procedures for the In	ntoximeters, Model	Intox EC/IR II to be follow	ved at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		or the alcoholic breath simu	lator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect breath	sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.			
procedures	at on the day of were performed on the instrument induit of Health and Human Services, and t	licated above, in ac	_, 20_ <i>OS</i> the forgoing cordance with current regunctioning properly.	preventive maintenance lations of the N.C.
S. S	ATE OF A COLOR	Kony	() (merc	634

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

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.07	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 340
Test Date: 10/09/2008 Test Time: 3:36pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:36pm
FLO	Pass	3:36pm
FC	Pass	3:36pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
$\mathtt{BT}$	Pass	3:36pm

### Blank Tests

Test	Status	Time
ATR	Pass	3:37pm

#### Printer Tests

PRNT	Pass	3:37pm
Test	Status	Time

#### CRC Tests

<del></del>	Test	Status	Time
	COMP	Pass	3:37pm
	CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

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

County	BRUNSWICK  ial No. 8585	Instrument Location_	BRUNSWICK	Count
Instrument Ser	ial No. <u>8585</u>		Sherits De	<u>ept.</u>
The preventive four months are	e maintenance procedures for the I	ntoximeters, Model Intox I	EC/IR II to be followed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	coholic breath simulator the	rmometer shows
2.	Verify instrument displays tim	e and date;		
<b>3.</b>	Initiate breath test sequence;			
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	,	
7.	When "PLEASE BLOW" app	ears, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed befo nged every four months or	re expiration date, or the alcoafter 125 Alcoholic Breath	oholic breath Simulator tests,
I certify that or procedures wer Department of	n the day of re performed on the instrument inc Health and Human Services, and	20	the forgoing preventice with current regulations on properly.	ve maintenance f the N.C.
STATE OF STATE OF THE STATE OF	CAROLINI CAROLINI	King Pille	(-	34 ate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 10/09/2008

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG .	Pass	3:24pm
AIR BLK	.00	3:25pm
ACCY CHK	.08	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:27pm
AIR BLK	.00	3:28pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 775
Test Date: 10/09/2008 Test Time: 3:34pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
EGI	D	2 . 2 4
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
BT	Pass	3:34pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:35pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:35pm CAL Pass 3:35pm

Preventive Maintenance Status: Pass

Analyst

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

County	Brunswick	Instrument Location	on <u>Oa/C/</u>	sland		
Instrument S	Serial No		Police	Dept.		
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model In	ox EC/IR II to be for	ollowed 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 ti	Verify instrument displays time and date;				
3.	Initiate breath test sequence;	Initiate breath test sequence;				
4.	Enter information as prompte	Enter information as prompted;				
5.	Verify instrument accuracy;	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;				
7.	When "PLEASE BLOW" ap	When "PLEASE BLOW" appears, collect breath sample;				
8.	Print test record;	Print test record;				
9.	Verify Diagnostic Program;	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.					
	on the day of were performed on the instrument i of Health and Human Services, and	ndicated above, in accor	dance with current r	oing preventive maintenance regulations of the N.C.		
WAND SEEL OF THE STATE OF THE S	Si	gnature of Certifying Of	1001c	Certificate Number		

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

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 10/09/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 431 Test Date: 10/09/2008 Test Time: 2:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### Printer Tests

Test	Status	Time
	CRC Tests	
PRNT	Pass	2:30pm
Test	Status	Time

<b>-</b>	-0.00		
CAL Pass 2:30pm	COMP	Pass	2:30pm
	CAL	Pass	2:30pm

Preventive Maintenance Status: Pass

Analyst

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

County //	Ewthenover	Instrument Location_	NEW HON	OVER COUNT
Instrument Seri	al No5626		Sherith	Dept.
The preventive four months are	maintenance procedures for the Int	toximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		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" appear	ars, collect breath sampl	e;	
7.	When "PLEASE BLOW" appear	ars, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed bef ged every four months o	fore expiration date, or or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that on procedures were Department of I	theday of e performed on the instrument indicates and the desired that the des	cated above, in accordai	nce with current regui	preventive maintenance ations of the N.C.
OF STATE OF	Signa	Lany K	). Mla	Certificate Number

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 858
Test Date: 10/07/2008 Test Time: 4:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:11pm
FLO	Pass	4:11pm
FC	Pass'	4:11pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	4:12pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County_	New Hanover Instrument Location NEW Hanover Commis
Instrume	nt Serial No. 8617 Instrument Location NEW Harrover Country
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedur	that on the
SE CALATON SE	STATE OF NOTIFICATION OF THE PRINT OF THE PR

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

Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:28pm
AIR BLK	.00	3:29pm
ACCY CHK	.08	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:31pm
AIR BLK	.00	3:32pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 487
Test Date: 10/07/2008 Test Time: 3:39pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:40pm
	CRC Tests	
Test	Status	Time

COMP CAL	Pass Pass	3:40pm 3:40pm

Preventive Maintenance Status: Pass

Analyst

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

County	NEW Hanover Instrument Location Canolina BEACH
Instrumen	t Serial No. S661 Instrument Location CanoLinum DEACH  Robert Serial No.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the day of
ON STATE OF	

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

Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 423
Test Date: 10/07/2008 Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:03pm
FLO	Pass	2:03pm
FC	Pass	2:03pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:04pm
	CRC Tests	
Test	Status	Time

	20000	
COMP CAL	Pass Pass	2:04pm 2:04pm

Preventive Maintenance Status: Pass

Anafyst

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

County	NEW HONOVER Instrument Location WRIGHTSVILLE BEACH
Instrumen	Serial No. 8667 Police Dept.
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on theday of
CORFAT STATES	Signature of Certifying Official  Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

> Serial Number: 008667 Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:26pm 12:27pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:31pm
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 226
Test Date: 10/07/2008 Test Time: 12:34pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:34pm
FLO	Pass	12:34pm
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

Time

#### Printer Tests

Status

Test

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	CRAVEN	Instrument Location <u>MC</u>	AS CHERRY POINT
Instrumen	nt Serial No. <u>0089/9</u>		
The preve	entive maintenance procedures for the In	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		c 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 sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	Ī	
10.			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify the procedure Departme	that on the day of ct es were performed on the instrument indi ent of Health and Human Services, and th	1000 , 20 08 icated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
CONTRACTOR OF THE CORE AS A STATE OF THE CORE	STATE OF NOTIFIED AND THE LEGISLATION OF THE LEGISL	רע בי אל אל של	354
	Signa	sture of Certifying Official	Certificate Number

#### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008919 Test Date: 10/03/2008

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: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

Lot Number: 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	10:17am 10:18am 10:19am 10:20am 10:21am
SUB TEST	.00	10:23am
AIR BLK	.00	10:23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008919 Test Record Number: 94
Test Date: 10/03/2008 Test Time: 10:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:25am 10:25am 10:25am
FC	Pass	10:25am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:26am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:26am 10:26am

Preventive Maintenance Status: Pass

Analyst

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

County	CRAVEN	Instrument Location <u>HAUC</u>	Lock P.D.
Instrument	t Serial No. <u>008800</u>		
The prever	•	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 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays to	ime and date;	
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	red;	
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 expira hanged every four months or after 12	
I certify the procedures Departmen	at on the day of were performed on the instrument i t of Health and Human Services, and	ndicated above, in accordance with c	ne forgoing preventive maintenance current regulations of the N.C. rly.
STATE OF THE PROPERTY OF THE P	ME ON OR THE CAROLINA	e, EHall	354
	Si	gnature of Certifying Official	Certificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 10/02/2008

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: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

/ Analyst

#### CRAVEN COUNTY HAVELOCK PD 240

Test Record Number: 130 Serial Number: 008800 Test Time: 2:35pm EDT Test Date: 10/02/2008

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
ΔΤΡ	Page	2 • 3 6 mm

#### Printer Tests

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

Preventive Maintenance Status: Pass

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

County P		_ Instrument Location_Panis	
		SHERILFE'S OF	•
The preventive four months are		Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic legree centigrade;	preath simulator thermometer show
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" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expira anged every four months or after 125	
I certify that on procedures wer Department of	the day of	to bed , 20 <u>08</u> the dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance arrent regulations of the N.C.
STATE OF THE CREAT	Soft H CAROUN Can	y E-HIL	<u> 354</u>
	Sign	nature of Certifying Official	Certificate Number

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 10/02/2008

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: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.07	1:14pm
AIR BLK	.00	1:15pm
SUB TEST	.00	1:16pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 561 Test Date: 10/02/2008 Test Time: 1:20pm EDT

Śystem Check: Passed

Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:21pm

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

County C/	
Instrument Ser	rial No. 008732 SHERIFFS OFFICE
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 on procedures wer Department of	the day of
THE STATE OF THE S	Rang EHall 354
	Signature of Certifying Official Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 10/02/2008

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: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG722502 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	12:03pm 12:04pm 12:05pm 12:05pm 12:06pm 12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 226
Test Date: 10/02/2008 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	12:10pm 12:10pm 12:10pm
I C	Labb	12.10pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Status

Time

#### Printer Tests

Test

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

Preventive Maintenance Status: Pass

Analyst

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

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 10/02/2008

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: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:17am 11:18am
ACCY CHK	.07	11:19am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
ATR BLK	. 00	11:23am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 113
Test Date: 10/02/2008 Test Time: 11:24am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	11:24am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:25am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Jones	Instrument Location しついとら	Country
Instrument	Serial No. <u>008705</u>	SHERIFTS OFFICE	,
The preven		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 breath degree centigrade;	simulator thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	<del></del>
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration danaged every four months or after 125 Alcoholes	ate, or the alcoholic breath holic Breath Simulator tests,
I certify tha procedures Department	at on the day of were performed on the instrument in t of Health and Human Services, and	ndicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STA	THE OF NORTH CARROLL STATE OF THE OF NORTH CARROLL STATE OF THE O	Jack E Hall	<b>~</b> ~ / )
		gnature of Certifying Official	Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 10/02/2008

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: HALL, RANDY E Permit Number: 03462E

It Number: 03462E Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

'Analyst

#### JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 374
Test Date: 10/02/2008 Test Time: 10:19am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:19am
SRC	Pass	10:19am
DET	Pass	10:19am
BAR	Pass	10:19am
BT	Pass	10:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20am 10:20am
CAL	rass	TO:∠Uaiii

Preventive Maintenance Status: Pass

Analyst

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

County G	Instrument Location BAT Workle (Insid 4
Instrument S	erial No. <u>CO2734</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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>A5</u> day of <u>Ochobec</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.
NAMED SECTION OF SECTI	

#### GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Test Record Number: 150 Serial Number: 008734 Test Date: 10/25/2008 Test Time: 9:29pm 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	9:30pm
SRC	Pass	9:30pm
DET	Pass	9:30pm
BAR	Pass	9:30pm
BT	Pass	9:30pm

#### 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

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Date: 10/25/2008

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	9:22pm 9:23pm 9:23pm 9:24pm 9:25pm 9:26pm 9:27pm
AIR BLK	.00	9:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County ORA	ME COUNTY	Instrum	ent Location <i>(</i>	11/2	1-1111	PO
Instrument Seria	INO. <u>00873</u>	8_ 508	MARTIN Le	itHER ,	KING JI	r BIND
				CHA	PEL H	11, re
The preventive n four months are:	naintenance procedures	for the Intoximeters,				
1.	Verify the ethanol gas 34 degrees, plus or min			olic breath	simulator tl	nermometer 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 Prog	gram; and				
10.	Verify that the ethanol simulator solution is be whichever occurs first.	eing changed every f	changed before ex our months or after	piration da r 125 Alcol	ate, or the a holic Breatl	Icoholic breath n Simulator tests,
procedures were	he day of_ performed on the instru ealth and Human Servic	ment indicated abov	e, in accordance wi	th current	oing preven regulations	tive maintenance of the N.C.
A STATE OF NO. 212 OF	COLUM CAROUNA	US Jan	au ZO			52
	·	Signature of Cer	tifying Official		Certifi	cate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008738 Test Date: 10/24/2008

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:
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 ACCY CHK	Pass .00 .07	11:40am 11:41am 11:41am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008738 Test Record Number: 112 Test Date: 10/24/2008 Test Time: 11:47am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:47am
FLO	Pass	11:47am
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	11:48am

### Printer Tests

Test

Status Time

PRNT	Pass	11:48am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:49am 11:49am

Preventive Maintenance Status: Pass

form is used when performing Preventive Maintenance

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

County	NASH	Instrument Location_	Peal	Mur	$\tau$ ?D	)
Instrumen	nt Serial No. OO \$740	*1 GWER	nera f	"\AZA	POLYT	1
The preve	ntive maintenance procedures for the Inhs are:	ntoximeters, Model Intox	EC/IR II to be	e followed at	least once ev	ery
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic brea	th simulator t	hermometer	shows
2.	Verify instrument displays time	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appo	ears, collect breath sample	·;			
7.	When "PLEASE BLOW" appe	ears, collect breath sample	÷;			
8.	Print test record;					
9.	Verify Diagnostic Program; and	d				
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.					
	at on the day of to the swere performed on the instrument ind not of Health and Human Services, and t			rgoing prever nt regulations	ntive mainten s of the N.C.	iance
CREAT GREAT STATES OF STAT	- ty	Clayrutec			cate Number	
	Sign	ature of Certifying Officia	41	Certiii	cate Number	

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 10/21/2008

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:
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 ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:38am 11:39am 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

Analyst

### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Record Number: 141 Test Date: 10/21/2008 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:53am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	WASH Instrument Location WASH COUNTY 5A	11
Instrumen	t Serial No. 008630 NASHUITE, NC	—
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever hs 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.	ts,
procedure	nat on the	nce
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	_

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 10/21/2008

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:
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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	10:38am 10:39am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Эпяту

### NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Record Number: 669 Test Date: 10/21/2008 Test Time: 10:45am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
BT	Pass	10:46am

### Blank Tests

Test	Status	Time
AIR	Pass	10:46am

### Printer Tests

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

COMP	Pass	10:46am
CAL	Pass	10:46am

Preventive Maintenance Status: Pass

Analyst

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

County	Wake	Instrument Location BAT MOBILE County 5
Instrument	Serial No. <u>008600</u>	Rolesville
The preven		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays tir	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
7.	When "PLEASE BLOW" ap	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	more personance on one monument in	the forgoing preventive maintenance adicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STA PARTY TO THE P	E O VOR	656 Thore 2

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: 393 Test Date: 10/18/2008 Test Time: 9:49pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
DET	Pass	9:49pm
BAR	Pass	9:49pm
BT	Pass	9:49pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

#### Printer Tests

Printer Tests		
Test	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:50pm 9:50pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/18/2008

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: 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	Pass	9:56pm 9:57pm
ACCY CHK	.07	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

Analyst

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

County	WALLE Instrument Location 1587 (no 311 6 La. 7 45)
Instrument	Serial No
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ton the
AND SOLVERY OF THE PARTY OF THE	TE O NO THE CAROLING THE CAROLI

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: 234
Test Date: 10/18/2008 Test Time: 9:49pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	9:50pm
Pass	9:50pm
Pass	
Pass	9:50pm
Pass	9:50pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
ΔTR	Pagg	9.51 nm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 10/18/2008

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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	9:58pm 9:58pm 9:59pm 10:00pm
AIR BLK	.00	10:01pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Serial No. 008600 Instrument Location BAT MUBILE LEWIT TO ROLETVILLE
Instrumen	Serial No. 00 8600 Kaleruille
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.
h	at on the
SOLUTION STATES OF STATES	ATE OF NORTH CARD AND AND AND AND AND AND AND AND AND AN

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: 393 Test Date: 10/18/2008 Test Time: 9:49pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:49pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:49pm
SRC	Pass	9:49pm
 DET	Pass	9:49pm
BAR	Pass	9:49pm
BT	Pass	9:49pm

#### Blank Tests

Test	Status	Time
ATR	Pass	9:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:50pm

Preventive Maintenance Status: Pass

Pass

9:50pm

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/18/2008

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: 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	9:56pm 9:57pm 9:57pm 9:58pm 9:59pm
AIR BLK	.00	10:00pm
SUB TEST	.00	10:02pm
AIR BLK	.00	10:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Instrument Serial No. 008884 202 (ou.f. 5f., Gafesu  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator to 34 degrees, plus or minus .2 degree centigrade;	least once every
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the simulator of th	·
	hermometer shows
2. Verify instrument displays time and date;	
3. Initiate breath test sequence;	
4. Enter information as prompted;	
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;	
8. Print test record;	
9. Verify Diagnostic Program; and	
10. Verify that the ethanol gas canister is being changed before expiration date, or the a simulator solution is being changed every four months or after 125 Alcoholic Breatl whichever occurs first.	
I certify that on the	ntive maintenance of the N.C.
Signature of Certifying Official Certific	,43

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 10/01/2008

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: 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: AG807702 Exp Date: 03/17/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:19am 11:20am 11:20am 11:21am
		-
AIR BLK	.00	11:22am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Record Number: 76 Test Date: 10/01/2008 Test Time: 11:27am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	11:28am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

### Printer Tests

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

11:29am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

	Hord Instrument Location Murfrees boro Police Deg
Instrument Serial	INO. CD89010 115 E. Broad St., Murkerboro, N.C.
	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of forbood, 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.
STATE OF AVERTAGE	Signature of Certifying Official Certificate Number

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 10/01/2008

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

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:16pm 12:17pm 12:18pm
AIR BLK SUB TEST	.00 . <b>00</b>	12:18pm 12:19pm
AIR BLK SUB TEST	.00	12:20pm 12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 74
Test Date: 10/01/2008 Test Time: 12:24pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:25pm 12:25pm
FC	Pass	12:25pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

### Blank Tests

Test	Status	Time
AIR	Pass	12:25pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

12:26pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County $W_i$	
Instrument Seri	al No. 008627 100 E. Greene St., Wilson, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of hove, 2008 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certificing Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 10/02/2008

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: 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: AG723401 Exp Date: 08/21/2009

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	10:37am
AIR BLK	.00	10:37am
SUB TEST	.00	10:39am
ATR BLK	0.0	10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Record Number: 368
Test Date: 10/02/2008 Test Time: 10:41am EDT

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:42am 10:42am 10:42am 10:42am 10:42am

### Blank Tests

Test	Status	Time
AIR	Pass	10:43am

### Printer Tests

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

10:43am

Preventive Maintenance Status: Pass

Pass

CAL

Anaiyst

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

County (U)	Instrument Location Wilson Co. Dotation Genter
Instrument Seria	INO. 008652 100 E. Greene Sty Wilson, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	heday of
THE STATE OF MAN 20, 1775 M	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 10/02/2008

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: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:50am 10:51am 10:52am 10:53am
SUB TEST	.00	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

## WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 701 Test Time: 10:58am EDT Test Date: 10/02/2008

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:59am 10:59am 10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

### Blank Tests

Test	Status	Time
AIR	Pass	10:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:00am 11:00am

Preventive Maintenance Status: Pass

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

T C	erombe Instrument Location Edgeronke Co. Magita	<u>- 4</u> -
Instrument Seria	al No. 008603 300 S. Anaconda Rd., Tech	<u>ت برت</u>
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even:	ery
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	hows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic break simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.  the	ests,
I certify that on procedures were Department of H	the day of Uthobe, 20 08 the forgoing preventive maintenage 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.	ance
OF THE STATE OF A PARK RE. IT.	Signature of Certifying Official Certificate Number	

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 10/02/2008

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: 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: 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 .00	12:34pm 12:35pm 12:36pm 12:37pm 12:37pm 12:38pm 12:40pm
SUB TEST AIR BLK	.00	12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 592 Test Date: 10/02/2008 Test Time: 12:43pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Edg	ocombe Instrument Location Edge combe (o. Magistrate's
Instrument Seria	Instrument Location Edge combe Co. Magistralis C INO. 008663 3005. Anaconda Rd., Tarbora, N
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF A STATE O	Tell J.L. () 643
	Signature of Certifying Official Certificate Number

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 10/02/2008

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: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:39pm 12:40pm 12:40pm 12:41pm
SUB TEST	.00	12:42pm
AIR BLK	.00	12:43pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm

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

## EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Test Record Number: 765 Serial Number: 008663 Test Date: 10/02/2008

Test Time: 12:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:49pm 12:49pm
FC	Pass	12:49pm

### Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm
	CDC Tests	

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance Status: Pass

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

County Bea	ufort Instrument Location Belhaven Police Dap		
Instrument Seria	INO. 008928 Belhaven, N.C.		
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	he 3rd day of October, 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.		
THE STATE OF ALL TO THE ST	Signature of Certifying Official  Certificate Number		

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 10/03/2008

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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	11:36am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:38am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
ATR BLK	. 00	11:42am

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

#### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Record Number: 47 Test Date: 10/03/2008 Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass	11:44am 11:44am
FC	Pass Pass	11:44am
ru	rass	II. TTAIII

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:45am

11:45am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Boc	instrument Location Beaufort Co. Courthou
Instrument Seria	11 No. 608915 102 E. 2nd St., Washington, A
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of October, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. dealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF NEW 20, 1775 N. W. 2	Hold M Gertifying Official Certificate Number
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008915 Test Date: 10/03/2008

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: AG816302 Exp Date: 06/11/2010

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008915

Test Record Number: 86

Test Date: 10/03/2008 Test Time: 12:52pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

#### Printer Tests

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

Pass

Pass

12:53pm

12:53pm

Preventive Maintenance Status: Pass

COMP

CAL

1

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

County_	Hyde Instrument Location Hyde Co So Ociocke
Instrume	Serial No. 008797 NC17, Deracake, 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 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.
procedur	at on the
HE GREAT SES	ATE OF NORTH CANDON STATE OF THE CANDON STATE
	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 10/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	10:57am 10:58am
ACCY CHK	.07	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Kelly S. Analyst

#### HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 81 Test Date: 10/09/2008 Test Time: 11:06am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test ·	Status	Time
FC1	Pass	11:06am
SRC	Pass	11:06am
DET	Pass	11:06am
BAR	Pass	11:06am
$\mathtt{BT}$	Pass	11:06am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Do	10	Instrument Location Dane	10 50 Hatteras
Instrument Seri	al No. <u>008807</u>	110 Huncher Trai	1, Italleras, N.C.
The preventive four months are	•	ntoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic begree centigrade;	preath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appo	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.		ister is being changed before expira nged every four months or after 125	
	performed on the instrument ind	th jeasted above, in accordance with content is functioning proper	arrent regulations of the N.C.
THE STATE OF THE S	OSTIN CAROLINA	<i>a</i>	
The state of the s	Moll / Sign	nature of Certifying Official	Certificate Number
	∠ Sign	acute of Certifying Official	Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 10/09/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:27pm 12:28pm 12:29pm 12:30pm 12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 101 Test Date: 10/09/2008 Test Time: 12:35pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:35pm 12:35pm
FC	Pass	12:35pm
1	- L	, _, _, _, _, ,,,,

#### Temperature Tests

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

#### Blank Tests

Test	Status	TIME
AIR	Pass	12:36pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Bea	ufort Instrument Location Backfort Co. Courthous		
Instrument Seria	al No. 008909 102 E. 2nd Sty Washington, N.C.		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	the		
OF QUANT WARLY AND THE STATE OF A COLUMN TO THE STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number		

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 10/03/2008

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: AG816302 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	12:42pm 12:43pm
ACCY CHK	.08	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:47pm
ATR BLK	.00	12:48pm

Reported AC: , , 00 g/210L

Signature of Chemical Analyst

Court CVR

△ Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 127
Test Date: 10/03/2008 Test Time: 12:50pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:51pm
SRC	Pass	12:51pm
DET	Pass	12:51pm
BAR	Pass	12:51pm
BT	Pass	12:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:52pm

#### Printer Tests

Test	Status	Time
PR <b>NT</b>	Pass	12:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

Analyst

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

County Len	Instrument Location Kinshn P.D.
Instrument Seria	1No. 008624 205 E. King St., Kinshn, W.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he 8 day of Ocholor, 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.
OTHER STATE OF NO.	Tell of A Gottificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 10/08/2008

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

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

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

Officer's Name: 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	Pass .00 .07 .00	10:50am 10:51am 10:51am 10:52am 10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 339 Test Date: 10/08/2008 Test Time: 10:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:57am
FLO	Pass	10:57am
FC	Pass	10:57am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:58am
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	10:58am 10:58am

Preventive Maintenance Status: Pass

Analyst

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

County.	AvidsoN Instrument Location Thomas Ville
Instrument S	erial No. 008872 Police Dept.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
STATE OF CHAMMER TO SEE THE CORNER OF CHAMMER OF CHAMME	CAROLLE CAROLL

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 10/02/2008

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: 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: AG814101 Exp. Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:51am 11:52am 11:52am 11:53am 11:54am 11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Record Number: 131 Test Date: 10/02/2008 Test Time: 12:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:08pm
SRC	Pass	12:08pm
DET	Pass	12:08pm
BAR	Pass	12:08pm
$\mathtt{BT}$	Pass	12:08pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

#### Printer Tests

Status

Test

PRNT	Pass	12:09pm
	CRC Tests	_
	CRC lests	
Test	Status	Time
COMP	Pass	12:09pm
CAL	Pass	12:09pm

Time

Preventive Maintenance Status: Pass

Analyst

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

County	DAVIDSON Instrument Location LexINGTON Police
Instrument Se	erial No. 008883 Department
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of, 20, 20
THE STATE OF THE S	Lein Dean 642
	Signature of Certifying Official Certificate Number

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

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 10/02/2008

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: DEAN, LARRY K
Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 144 Test Date: 10/02/2008 Test Time: 1:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:32pm
FLO	Pass	1:32pm
FC	Pass	1:33pm

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:33pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location	DAVIDSON CO JA, 1
Instrument Ser	rial No. <u>008845</u> <u>Le x</u>	CINGTON N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the ale 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted,	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed befor simulator solution is being changed every four months or a whichever occurs first.	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
	n the day of	e with current regulations of the N.C.
THE STATE OF THE S	Alogua CAROUNIA	
- League	Signature of Certifying Official	Certificate Number

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

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 10/02/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.07	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
ATR BLK	. 00	2:08pm

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

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 136
Test Date: 10/02/2008 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:09pm
FLO	Pass	2:09pm
FC	Pass	2:09pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
$\mathtt{B}\mathbf{T}$	Pass	2:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

Analyst

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

County/	DAVIE Instrument Location DAVIE Co JAIL
Instrument S	Instrument Location Davie Co Jail  derial No. 008905 Macksville, N.C.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Lein 642
	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 10/02/2008

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: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	3:10pm 3:11pm 3:12pm 3:12pm 3:13pm 3:14pm 3:15pm
AIR BLK	.00	3:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 117
Test Date: 10/02/2008 Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:17pm 3:17pm
FC	Pass	3:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

#### Blank Tests

Test	Status	Time
ATR	Pass	3 · 1 9 pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time

CAL Pass 3:19pm

Pass

3:19pm

Preventive Maintenance Status: Pass

COMP

Analyst

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

County Gui	Instrument Location Greens boro JAil
Instrument Serial	No. 008790 Greensboro, W.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.
	the <u>QQ</u> day of <u>OctobeR</u> , 20 <u>OB</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE ON NO.	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 10/20/2008

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

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

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

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

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

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

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

Reported AC:

Chemical Analyst

Court CVR

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 509 Test Date: 10/20/2008 Test Time: 11:42am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:42am 11:42am
FC	Pass	11:43am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:43am 11:43am 11:43am 11:43am 11:43am
ÐΙ	rass	11.4Jam

#### Blank Tests

Test	Status	Time
AIR	Pass	11:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:43am
	CRC Tests	
Test	Status	Time

1000	Doadus	
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance Status: Pass

Analyst

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

County SU	Mored Instrument Location Greensboro Jan
Instrument Serial	No. 008794 Greensbore, 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 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 p	day of Crobe , 20 OS the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO. NO. 1772	
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 10/20/2008

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:49am 11:50am
ACCY CHK AIR BLK	.07	11:51am 11:52am
SUB TEST AIR BLK	.00 .00	11:52am 11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 357 Test Date: 10/20/2008 Test Time: 11:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58am

#### Printer Tests

Status

Time

Test

PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58am 11:58am

Preventive Maintenance Status: Pass

Analyst

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

County Fu.	Instrument Location GROEN Short Police		
Instrument Seri	al No. 008604 Instrument Location GRAN + MERT		
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 day of cropped, 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		

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008604 Test Date: 10/20/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG723301-24 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm
SUB TEST	.00	2:56pm
ATR BLK	.00	2:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008604 Test Record Number: 489
Test Date: 10/20/2008 Test Time: 2:59pm EDT

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	3:00pm

### Printer Tests

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

3:00pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	i, I ford Instrument Location Greensboro Police
Instrument S	erial No. 008725 Department
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the QO day of COOKE, 20 OS the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/20/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Lot Number: AG722502-1 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	3:19pm
AIR BLK	.00	3:20pm
ACCY CHK	.07	3:21pm
AIR BLK	.00	3:21pm
SUB TEST	.00	3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 317
Test Date: 10/20/2008 Test Time: 3:27pm EDT

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

3:29pm

Preventive Maintenance Status: Pass

Pass

CAL

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

County_	CABARRUS	Instrument Location_	BAT MUBILE UNIT 3	
Instrumer	nt Serial No. <u>008614</u>		CONCORD, NC	
The preve		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.		lcoholic breath simulator thermometer shows	
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	<b>,</b>		
6.	When "PLEASE BLOW"	appears, collect breath sample	,	
7.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
	nat on thel day of s were performed on the instrument nt of Health and Human Services, a	t indicated above, in accordan-	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.	
REAL SECTION OF THE S	A CAROLINA	La Benez	(r48	

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

Signature of Certifying Official

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 10/11/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:41pm 11:42pm 11:42pm
AIR BLK	.00	11:43pm
SUB TEST	.00	11:44pm
AIR BLK	.00	11:45pm
SUB TEST	.00	11:46pm
AIR BLK	.00	11:47pm

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 Liealth and Human Services - Rev. 12/2007

# CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 331 Test Date: 10/11/2008 Test Time: 11:48pm EDT

System Check: Passed

### Baseline Tests

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

# Temperature Tests

Test	Status	Time	
FC1	Pass	11:48pm	
SRC	Pass	11:48pm	
DET	Pass	11:48pm	
BAR	Pass	11:48pm	
BT	Pass	11:48pm	

### 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

Aralyst

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	ABARRUS Instrument Location BAT MOBILE UNIT 3			
Instrument Ser	ial No. 008647 CONCORD, 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.			
	the day of day of CTOBER, 20 the forgoing preventive maintenance experformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.			
CREATE OF THE STATE OF THE CREATER O	Signature of Certifying Official Certificate Number			

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 10/11/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722602 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	11:25pm 11:26pm 11:27pm 11:28pm 11:28pm 11:29pm
SUB TEST	.00	11:31pm
AIR BLK	.00	11:32pm

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

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 359
Test Date: 10/11/2008 Test Time: 11:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:33pm
FLO	Pass	11:33pm
FC	Pass	11:33pm

### Temperature Tests

Test Status Time	
FC1 Pass 11:33p	
SRC Pass 11:33p	mc
DET Pass 11:33p	mc
BAR Pass 11:33p	mc
BT Pass 11:33p	mc

### Blank Tests

Test	Status	Time	
AIR	Pass	11:34pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm
	CRC Tests	
Test	Status	Time

1656	blacus	TIME	
COMP	Pass	11:34pm	
CAL	Pass	11:34pm	

Preventive Maintenance Status: Pass

Analyst

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

County CAI	BARRUS	Instrument Location_	BATMOBIL	E UNIT 3
Instrument Seri	ial No. <u>008707</u>		CONCORD	, NC
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox l	EC/IR II to be follow	red at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		lcoholic breath simu	lator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	i;	•	•
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.			
I certify that on procedures were Department of H	the <u>ID</u> day of <u>CC</u> e performed on the instrument in- dealth and Human Services, and	dicated above, in accordance the instrument is functioning	the forgoing poe with current regulary properly.	preventive maintenance ations of the N.C.
O'M' STATE O'A	ON THE CAROLINA			
TOTAL OLIAM VIDER	Clum	Ry Bours		648
	Sign	nature of Certifying Officia	ıl (	Certificate Number

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

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 10/10/2008

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: 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 .00	3:50pm 3:51pm
ACCY CHK	.07	3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Record Number: 189
Test Date: 10/10/2008 Test Time: 4:00pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:01pm
FLO	Pass	4:01pm
FC	Pass	4:01pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:01pm
SRC	Pass	4:01pm
DET	Pass	4:01pm
BAR	Pass	4:01pm
$\mathtt{BT}$	Pass	4:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:02pm

### Printer Tests

(T) t-	Q+-+	m
	CRC Tests	
PRNT	Pass	4:02pm
Test	Status	Time

Test	Status	Time
COMP	Pass	4:02pm
CAL	Pass	4:02pm

Preventive Maintenance Status: Pass

Ababust

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

County	14 BERIAND Instrument Location FORT BRAGE		
Instrument Seri	al No. 008908 LEC.		
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 day of checked by the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 10/07/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:33am 11:33am 11:34am 11:35am 11:36am 11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 151 Test Date: 10/07/2008 Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:42am
FLO FC	Pass Pass	11:42am 11:42am
r C	Lass	11. 12 QIII

### Temperature Tests

Status	Time
Pass	11:42am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	11:43am

### Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	INTOXINETERS, WIDDEL INTOX EC/IR II  IMDERIAND Instrument Location SECURITY TORCES
Instrument Se	
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>S7</u> day of <u>October</u> , 20 <u>S</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Date: 10/07/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:29pm 1:30pm 1:31pm
AIR BLK SUB TEST	.00	1:32pm 1:32pm
AIR BLK SUB TEST	.00 .00	1:33pm 1:35pm
ATR BLK	- 0.0	1:36pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Record Number: 62 Test Date: 10/07/2008 Test Time: 1:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
ΒT	Pass	1:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	ARNOTT Instrument Location HARNOTT CO,
Instrument Ser	ial No. <u>008729</u> <u>LEC</u> ,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day of the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF VAN 20, 1775	Signature of Certifying Official Certificate Number

HARNETT COUNTY LEC 420

Serial Number: 008729 Test Date: 10/02/2008

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: 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: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:53pm 2:54pm 2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:57pm
AIR BLK SUB TEST	.00 .00	2:57pm 2:59pm
AIR BLK	.00	3:00pm

Reported AC:

,0Q g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### HARNETT COUNTY LEC 420

Serial Number: 008729 Test Record Number: 372 Test Date: 10/02/2008 Test Time: 3:03pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO FC	Pass Pass	3:03pm 3:03pm
I C	Labb	J.05pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:04pm 3:04pm

Preventive Maintenance Status: Pass

Analyst

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

County /	GRNett Instrument Location HARNett Co.
Instrument Seria	al No. 008730 LEC.
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the OQ day of OCTOBER, 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.
STATE OF N. TO THE STATE OF N. T	Service 528

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY LEC 420

Serial Number: 008730 Test Date: 10/02/2008

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: SIMMONS, PAUL T Permit Number: 08619E

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	Pass	1:45pm 1:46pm
ACCY CHK	.07	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

⊶00 g/210L AC:

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY LEC 420

Serial Number: 008730 Test Record Number: 200 Test Date: 10/02/2008 Test Time: 1:52pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:53pm 1:53pm
FC	Pass	1:53pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:53pm
SRC	Pass	1:53pm
DET	Pass	1:53pm
BAR	Pass	1:53pm
BT	Pass	1:53pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:54pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:54pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

Analyst

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

County	\$ 1.5 p. 1	Instrument Location_	Fix	k Henri	- PD_	
Instrumen	t Serial No. <u>AS 9738</u>	* 1 GUERN	eu:	PIAZA	ROENH	Her
The preve four mont	ntive maintenance procedures for the	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		alcoholic	breath simulato	r thermometo	er shows
2.	Verify instrument displays ti	me and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompt	ed;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	e;			
7.	When "PLEASE BLOW" a	ppears, collect breath sample	e;			
8.	Print test record;					
9.	Verify Diagnostic Program;	and				
10.	Verify that the ethanol gas ca simulator solution is being ca whichever occurs first.					
I certify the procedures Department	nat on the \frac{12}{2} day of \frac{1}{2} of the instrument of Health and Human Services, and	, 20, indicated above, in accordar d the instrument is function	o多 the thing the thing the thing prope	he forgoing prev current regulations	ventive main	tenance
STATE OF THE CONTAINED AND ADDRESS OF THE CON	3 / /	Owner		6:	~. >&	
	( <b>S</b>	ignature of Certifying Offic	ıal	Cert	ificate Numl	oer

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008738 Test Date: 10/13/2008

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: 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	11:35am 11:35am
ACCY CHK	.07	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:40am
ATR BLK	. 00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008738 Test Record Number: 102 Test Date: 10/13/2008 Test Time: 11:31am EDT

System Check: Passed

Baseline Tests

IR Pass 11:32am FLO Pass 11:32am FC Pass 11:32am
<del></del>

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

Status Time

### Printer Tests

Test

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

Preventive Maintenance Status: Pass

Analyst

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

County NP	Instrument Location Real Mount PD
Instrument Serial	INO. 008741 # 1 GOVERNOT PAZA PEXLY MOUNT
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	he day of 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.
THE STATE ON COLUMN TO THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 10/13/2008

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:
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 ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:00am 11:01am 11:02am 11:03am 11:04am
AIR BLK	.00	11:04am
SUB TEST	.00	11:08am
AIR BLK	.00	11:09am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 88 Test Date: 10/13/2008 Test Time: 11:10am EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

Status	Time
Pass	11:11am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	11:12am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:12am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:12am

Preventive Maintenance Status: Pass

Pass

11:12am

CAL

Analyst

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

County 10	ake Instrument Location BAT 1866/2 (180:44
Instrument S	Serial No. CXXXXX
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Record Number: 58 Test Date: 10/11/2008 Test Time: 7:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:17pm 7:17pm
FC	Pass	7:17pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:18pm 7:18pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008871 Test Date: 10/11/2008

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	7:09pm 7:10pm 7:11pm 7:12pm <b>7:12pm</b>
AIR BLK	.00	7:13pm
SUB TEST	.00	7:15pm
AIR BLK	.00	7:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County (	Jake Instrument Location BAT Mobile Unit 4
Instrument Se	erial No. <u>008734</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Record Number: 136
Test Date: 10/11/2008 Test Time: 6:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:58pm
FLO	Pass	6:58pm
FC	Pass	6:59pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	6:59pm 6:59pm 6:59pm 6:59pm
BT	Pass	6:59pm

### Blank Tests

Test	Status	Time
AIR	Pass	6:59pm

### Printer Tests

Test	Status	Time
PRNT	Pass	6:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:59pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008734 Test Date: 10/11/2008

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

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

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

Analyst's Name: 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	Pass .00 .07 .00 .00	6:50pm 6:51pm 6:51pm 6:52pm 6:53pm 6:54pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County Wo	Instrument Location BAT Mobile Unit	4
Instrument Se	erial No	
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;	er shows
2.	Verify instrument displays time and date;	ı
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.	
I certify that of procedures we Department of	on the	itenance C.
OF CHANGE STATE	Signature of Certifying Official Certificate Num	ber

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Record Number: 97 Test Date: 10/11/2008 Test Time: 7:02pm EDT

System Check: Passed

## Baseline Tests

	Test	Status	Time
<b>★</b>	FLO	Pass	7:02pm 7:02pm 7:02pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:02pm
SRC	Pass	7:02pm
DET	Pass	7:02pm
BAR	Pass	7:02pm
BT	Pass	7:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:03pm

### Printer Tests

Test	Status	Time
PRNT	Pass	7:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:03pm 7:03pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008717 Test Date: 10/11/2008

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

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
	ν.	_
DIAG	Pass	6:52pm
AIR BLK	.00	6:53pm
ACCY CHK	.07	6:53pm
AIR BLK	.00	6:54pm
SUB TEST	.00	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	.00	6:57pm
AIR BLK	.00	6:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX\_EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County A	RICHMOND Instrument Location RICHMOND Co. MACISTON
Instrument Se	RICHMOND Instrument Location RICHMOND Co. MACISTON rial No. 008701 DFFICE ROCKINGHAM, NC
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF STA	

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 10/08/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:34pm 3:35pm 3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm

Reported AC: .00\_g/210L

Signature of Chemical Analyst

Court CVR

#### RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 307 Test Date: 10/08/2008 Test Time: 3:41pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:42pm
FLO	Pass	3:42pm
FC	Pass	3:42pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:42pm
SRC	Pass	3:42pm
DET	Pass	3:42pm
BAR	Pass	3:42pm
BT	Pass	3:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:43pm 3:43pm

Preventive Maintenance Status: Pass

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

County	ANSON Instrument Location ANSON Co. Sherres
Instrument Seria	al No. 008739 Dept, WADESBORD
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 <u>DD</u> day of <u>DCTDBEC</u> , 20 <u>DD</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	Chow 371
	Signature of Certifying Official Certificate Number

ANSON ANSON CO. SD. 030

Serial Number: 008739 Test Date: 10/08/2008

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:28pm 2:29pm 2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:31pm
AIR BLK SUB TEST	.00 .00	2:32pm 2:33pm
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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Rev. 12/2007

ANSON ANSON CO. SD. 030

Serial Number: 008739 Test Date: 10/08/2008

Test Record Number: 63
Test Time: 2:36pm EDT

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

'I'est	Status	Time
AIR	Pass	2:37pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance Status: Pass

Analyst

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

- A	NSON Instrument Location ANSON Co. Speciffs
Instrument Seri	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>08</u> day of <u>0070890</u> , 20 <u>08</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.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

ANSON ANSON CO. SD. 030

Serial Number: 008597 Test Date: 10/08/2008

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

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

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

Analyst's Name: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	2:05pm
AIR BLK	.00	2:06pm
ACCY CHK	.07	2:07pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:11pm

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Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

ANSON ANSON CO. SD. 030

Serial Number: 008597 Test Record Number: 124
Test Date: 10/08/2008 Test Time: 2:13pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:13pm
FLO	Pass	2:13pm
FC	Pass	2:13pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:13pm
SRC	Pass	2:13pm
DET	Pass	2:13pm
BAR	Pass	2:13pm
BT	Pass	2:13pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:14pm

Pass

2:14pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

· — —		Instrument Location		
Instrument Seria	al No. <u>008693</u>	120 COURT	<u>S7.</u>	ROXBURO, NC
The preventive if four months are	maintenance procedures for the Inte	oximeters, Model Intox E	C/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		oholic breath s	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" appear	rs, collect breath sample;		
7.	When "PLEASE BLOW" appear	rs, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canistonistic simulator solution is being chang whichever occurs first.			
	the OQ day of October performed on the instrument indic lealth and Human Services, and the			ing preventive maintenance egulations of the N.C.
THE STATE OF N	Signati	Anuth ure of Certifying Official		637 Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 10/02/2008

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: 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	Pass	4:25pm 4:25pm
ACCY CHK	.07	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:30pm
ATR BLK	. 00	4:31pm

.00 /g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

## PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 279 Test Date: 10/02/2008 Test Time: 4:31pm EDT

System Check: Passed

#### Baseline Tests

IR Pass 4:32pm FLO Pass 4:32pm
FC Pass 4:32pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:32pm
SRC	Pass	4:32pm
DET	Pass	4:32pm
BAR	Pass	4:32pm
BT	Pass	4:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:33pm

Pass

4:33pm

Preventive Maintenance Status: Pass

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

County FEA	•
Instrument Seria	1 No. 008580 120 COURT ST. ROKBORD, NC
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 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	he <u>OZ</u> day of <u>OCTOBER</u> , 20 <u>OS</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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 10/02/2008

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: 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: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG	Pass	4:19pm
AIR BLK	.00	4:20pm
ACCY CHK	.08	4:20pm
AIR BLK	.00	4:21pm
SUB TEST	.00	4:22pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:24pm
AIR BLK	.00	4:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 78 Test Date: 10/02/2008 Test Time: 4:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:26pm
FLO	Pass	4:26pm
FC	Pass	4:26pm

# Temperature Tests

Test	Status	Time
FC1	Pass	4:26pm
SRC	Pass	4:26pm
DET	Pass	4:26pm
BAR	Pass	4:26pm
BT	Pass	4:26pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4:26pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:27pm 4:27pm

Preventive Maintenance Status: Pass

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

County CA	SWELL Instrument Location YANCEYVILLE PD
Instrument Seria	INO. 008593 200 E. CHURCH ST. YANGEYVILLE, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the OZ day of OCTOBER, 30 OS the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF N. TO THE STATE OF	Signature of Certifying Official Certificate Number

CASWELL COUNTY YANCEYVILLE PD 160

Serial Number: 008593 Test Date: 10/02/2008

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: 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	Pass	2:36pm 2:36pm
ACCY CHK	.07	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AC: .00 g/210L

Signature of Chémical Analyst

Court CVR

Analyst

#### CASWELL COUNTY YANCEYVILLE PD 160

Serial Number: 008593 Test Record Number: 364
Test Date: 10/02/2008 Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

## 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
ΔTR	Pass	2 · 44pm

## Printer Tests

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

Pass

2:44pm

Preventive Maintenance Status: Pass

CAL

Anaivst

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

County Ok	RANGE Instrument Location HILLSBOROUGH PD
Instrument Seri	al No. 008799 127 N. CHURTON ST. HILLSBOROUGH, NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>O2</u> day of <u>OCTOBER</u> , 20 <u>O8</u> the forgoing preventive maintenance experformed 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	Tand Anoth 637

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

Signature of Certifying Official

Certificate Number

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 10/02/2008

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: 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: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	1:28pm 1:28pm 1:29pm 1:30pm 1:31pm 1:32pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 127 Test Date: 10/02/2008 Test Time: 1:34pm EDT

System Check: Passed

#### Baseline Tests

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

Pass

CAL

Analyst

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

County	ALAMANCE.	Instrument Location ALA/	MANCE CO. JAIL
Instrument	t Serial No. <u>OO 8853</u>	109 S. MAPLE ST.	GRAHAM, NC
The preven	ntive maintenance procedures for the I	Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<del>1</del> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.		nister is being changed before expir- nged every four months or after 12	ation date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures Department	at on the <u>O</u> day of <u>O</u> c were performed on the instrument ind at of Health and Human Services, and t	TOBER , 20 OF the dicated above, in accordance with a the instrument is functioning properties.	he forgoing preventive maintenance current regulations of the N.C. erly.
VAND SECTION S	Mic	nature of Certifying Official	

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 10/01/2008

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: SMITH, BRIAN D
Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:18pm 2:19pm 2:20pm 2:20pm 2:21pm 2:22pm 2:23pm
AIR BLK	.00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 96 Test Date: 10/01/2008 Test Time: 2:26pm EDT

System Check: Passed

#### Baseline Tests

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

# Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

#### Printer Tests

Te	st	Status	Time
PR	NT	Pass	2:27pm
	CI	RC Tests	
Te	st	Status	Time
CO: CA:	MP L	Pass Pass	2:27pm 2:27pm

Preventive Maintenance Status: Pass

Analyst

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

County AL,	HMANCE	Instrument Location Rule 2	INCTON PD
Instrument Ser	ial No. <u>008907</u>	267 W. FRONT ST	BURLINGTON, NC
The preventive four months ar		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the alcoholic br legree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that on procedures wer Department of	the <u>Ol</u> day of <u>Oc</u> e performed on the instrument in Health and Human Services, and	TOBER , 20 OS the dicated above, in accordance with cur the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S	XOLUM CAROUND	> D Smith	637
	Sig	nature of Certifying Official	Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 10/01/2008

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: 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	2:43pm 2:44pm 2:45pm
AIR BLK SUB TEST	.00	2:45pm 2:46pm 2:46pm
AIR BLK SUB TEST	.00	2:47pm 2:49pm
AIR BLK	.00	2:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 111
Test Date: 10/01/2008 Test Time: 2:51pm EDT

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
AIR	Pass	2:52pm

## Printer Tests

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

2:52pm

Preventive Maintenance Status: Pass

Pass

 $\mathtt{CAL}$ 

Analyst

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

County A	LAMANCE	Instrument	Location	Mit	HMANCE	Co.	JAIL
Instrument Seri	al No. <u>2089/3</u>	<u> 109 5.</u>	MADE	5.	SILAHA	H,	12
The preventive four months are	maintenance procedures for the	Intoximeters, Mo	odel Intox EC	/IR II to	be followed a	t least o	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d			holic br	eath simulator	thermo	meter show
2.	Verify instrument displays tim	ne and date;					
3.	Initiate breath test sequence;						
4.	Enter information as prompted	<b>1</b> ;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;						
7.	When "PLEASE BLOW" app	ears, collect bre	ath sample;				
8.	Print test record;						
9.	Verify Diagnostic Program; ar	nd					
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.						
I certify that on procedures were Department of I	the day of	つるのに dicated above, ir the instrument is	, 20 <u>0</u> 2 n accordance s functioning	the with cur	forgoing preverent regulation	entive r	naintenance e N.C.
THE STATE OF THE S	Sig	A CLANT nature of Certify	ring Official			ficate N	Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 10/01/2008

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:
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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	1:49pm 1:50pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 137 Test Date: 10/01/2008 Test Time: 1:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:57pm
FLO	Pass	1:57pm
FC	Pass	1:57pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:57pm
SRC	Pass	1:57pm
DET	Pass	1:57pm
BAR	Pass	1:57pm
BT	Pass	1:57pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

#### Printer Tests

Test

CAL

Status Time

1:58pm

PRNT	Pass	1:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:58pm

Pass

Preventive Maintenance Status: Pass

Analyst

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

County AL.	AMANCE Instrument Location BURLINGTON P.D.			
Instrument Seria	al No. 008812 267. W FRUNT ST. BURLINGTH, MC			
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			
THE STATE OF A STATE O	LARIATAD 650			
	Signature of Certifying Official Certificate Number			

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 10/01/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:49pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 124
Test Date: 10/01/2008 Test Time: 2:55pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:55pm 2:55pm
FC	Pass	2:55pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

# Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:56pm 2:56pm

Preventive Maintenance Status: Pass

Analyst

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

County BRA	NAE	Instrument Location_	CHAPEL	4///	PD	
Instrument Seria	ll No. <u>00 8856</u>	828 MARTIN	LUTIER	KING	71 <u>.</u>	BND
		CHAPA	H111.	NC		
The preventive r	naintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be	e followed	i at leas	t once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		alcoholic brea	th simula	or therr	nometer show
2.	Verify instrument displays time a	nd date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	s, collect breath sample	e;			
7.	When "PLEASE BLOW" appear	s, collect breath sample	е;			
8.	Print test record;					
9.	Verify Diagnostic Program; and					
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.					
procedures were	the day of	ited above, in accordan	ice with curre	rgoing pr nt regulat	eventive ions of	e maintenance the N.C.
TOTAL STATE OF MANY 20, 1715 M	Signatu	LeAnter Our of Certifying Offici	ial	Ce	657	Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/02/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	9:55am 9:56am
ACCY CHK	.07	9:56am
AIR BLK	.00	9:57am
SUB TEST	.00	9:58am
AIR BLK	.00	9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

) Analyst

## ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 117
Test Date: 10/02/2008 Test Time: 10:10am EDT

System Check: Passed

# Baseline Tests

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

# Temperature Tests

Test	Status	Time
FC1	Pass	10:10am
SRC	Pass	10:10am
DET	Pass	10:10am
BAR	Pass	10:10am
BT	Pass	10: <b>1</b> 0am

## Blank Tests

Test	Status	Time
AIR	Pass	10:11am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
	CRC Tests	
Test	Status	Time

COMP Pass 10:11am CAL Pass 10:11am

Preventive Maintenance Status: Pass

Analyst

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

County 0	LANGE	Instrument Locatio	n CHAPER	H111 PD
Instrument Seri	al No. <u>60</u> 8839	808 HARTIN		ING THE BLOD
			CHAPE	+1111, NC
The preventive four months are	maintenance procedures for the Interest	toximeters, Model Into	ox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	• • •	e alcoholic breath s	imulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sam	ple;	
7.	When "PLEASE BLOW" appear	ars, collect breath sam	ple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being change whichever occurs first.	ter is being changed b ged every four months	efore expiration da s or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
procedures were	the day of	cated above, in accord	dance with current r	ing preventive maintenance egulations of the N.C.
TATE OF THE STATE OF THE COLOR	CAROLINI CAR	DeAures	Fai-1	
	Signa	ture of Certifying Of	nviai	Commence Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/02/2008

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

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

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

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

# ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 116 Test Date: 10/02/2008 Test Time: 10:02am EDT

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	Pass	10:03am

Preventive Maintenance Status: Pass

Pass

10:03am

CAL

\ Analyst

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

County	CHATHAM Instrument Location PATSBORD POLICE
Instrumen	t Serial No. 008591 Dept., PTBROOK
	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four mont	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Department	nat on theday of
CONTRACTOR OF STATE O	12-TE CAROLINE MAINTENANCE STATE STA
	Signature of Certifying Official Certificate Number

CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Date: 10/22/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:20pm 3:20pm
ACCY CHK	.07	3:21pm
AIR BLK SUB TEST	.00 .00	3:22pm 3:22pm
AIR BLK	.00	3:23pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CHATHAM PITTSBORO PD 180

Serial Number: 008591 Test Record Number: 214 Test Date: 10/22/2008 Test Time: 3:27pm EDT

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
ΔTR	Pagg	3 • 2 9 mm

## Printer Tests

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

3:29pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	CHATTIAM Instrument Location SILER City PRICE
Instrumen	t Serial No. 008811 Dept. SILER City, 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
CREAT SEA	Signature of Certifying Official  Certificate Number

CHATHAM SILER CITY PD. 180

Serial Number: 008811 Test Date: 10/22/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:56pm 1:57pm 1:58pm 1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm

Report∉d 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

# CHATHAM SILER CITY PD. 180

Test Record Number: 210 Serial Number: 008811 Test Time: 2:06pm EDT Test Date: 10/22/2008

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:06pm 2:06pm
FC	Pass	2:06pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:07pm
SRC	Pass	2:07pm
DET	Pass	2:07pm
BAR	Pass	2:07pm
BT	Pass	2:07pm

# Blank Tests

Test	Status	TIME
AIR	Pass	2:07pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:07pm

2:07pm

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 Co	Instrument Instrument	Location Chowsu O. Public Sofe
Instrument Serial	No. 008895 305 W	FREE MARRINSTY & Coursely N.
The preventive m four months are:	aintenance procedures for the Intoximeters, Mo	odel Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade	re, 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 bre	ath sample;
7.	When "PLEASE BLOW" appears, collect bre	ath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		anged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests,
procedures were j	e Soda day of OCTOBER erformed on the instrument indicated above, in alth and Human Services, and the instrument i	, 20 & the forgoing preventive maintenance n accordance with current regulations of the N.C. s functioning properly.
OF THE STATE OF NO.	W CAROUN	
W. W	Signature of Certify	/ing Official Certificate Number

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 10/30/2008

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 AIR BLK ACCY CHK	Pass .00 .07	12:24pm 12:25pm 12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	.00	12:29pm
AIR BLK	.00	12:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 104
Test Date: 10/30/2008 Test Time: 12:33pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

# Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
BT	Pass	12:33pm

# Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:34pm 12:34pm

Preventive Maintenance Status: Pass

Analyst