FTA BRANCH

Certificate Number

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	1EW flanover2. Instrument Location Wik Minsq Cont
Instrument Se	erial No. 8628 Police Dept.
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department o	on the day of since the day of since the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	

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

Signature of Certifying Official

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 09/11/2008

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	4:59pm
AIR BLK	.00	4:59pm
ACCY CHK	.08	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	.00	5:02pm
AIR BLK	.00	5:03pm
SUB TEST	.00	5:04pm
AIR BLK	.00	5:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 341 Test Date: 09/11/2008 Test Time: 5:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:07pm 5:07pm
FC	Pass	5:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:07pm
SRC	Pass	5:07pm
DET	Pass	5:07pm
BAR	Pass	5:07pm
BT	Pass	5:07pm

Blank Tests

Test	Status	Time
AIR	Pass	5:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:08pm 5:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	ENDER County
Instrument Seri	ial No. 8935 Sherifo DEPT
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	And Agus Killer 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

PENDER PENDER CO SD 700

Serial Number: 008935 Test Date: 09/11/2008

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: 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 AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:09pm 12:10pm 12:11pm 12:12pm 12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

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

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 65 Test Date: 09/11/2008 Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:23pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

County_	Instrument Location PENDER County Sheriff Dept.
Instrument Seria	INO. 8946 Sheriff Dept.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	heday of
OF CHARACTER OF NO.	Signature of Certifying Official Certificate Number

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

PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 178
Test Date: 09/11/2008 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Status

Time

Printer Tests

Test

PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:20pm 12:20pm

Preventive Maintenance Status: Pass

/Ánalyst

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 09/11/2008

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: 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: AG722501 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:09pm 12:10pm 12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
ATR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PENDER Instrument Location Sus F City
Instrument	Serial No. 8948 Police DEPE.
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 theday of
PETO SESTI	

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

PENDER SURF CITY MAGISTRATE 700

Serial Number: 008948 Test Date: 09/11/2008

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: 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 AIR BLK	Pass .00	10:36am 10:37am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
ATR BLK	. 00	10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER SURF CITY MAGISTRATE 700

Serial Number: 008948 Test Record Number: 96 Test Date: 09/11/2008 Test Time: 10:45am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:46am
FLO	Pass	10:46am
FC	Pass	10:46am

Temperature Tests

Test	Status	Time
FC1	Pass	10:46am
SRC	Pass	10:46am
DET	Pass	10:46am
BAR	Pass	10:46am
\mathtt{BT}	Pass	10:46am

Blank Tests

Test	Status	Time
AIR	Pass	10:46am

Printer Tests

Test

CAL

PRNT	Pass	10:47am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:47am

Status Time

10:47am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County K	Instrument Location RICAMOND Co. MACL STRATES
Instrument Serial	No. 008840 OFFICE, ROCKINGHAM NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>22</u> day of <u>569700 360</u> , 20 <u>8</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF NO. 20. 1772.	Signature of Certifying Official Certificate Number

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

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 09/22/2008

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: AG722501 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	3:36pm 3:37pm
ACCY CHK	.07	3:37pm
AIR BLK	.00	3:38pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm

Chemical Analyst

Court CVR

RICHMOND RICHMOND CO. MAG OFF 760

Test Record Number: 133 Serial Number: 008840 Test Time: 3:44pm EDT Test Date: 09/22/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:44pm
SRC	Pass	3:44pm
DET	Pass	3:44pm
BAR	Pass	3:44pm
BT	Pass	3:44pm

Blank Tests

Test	Status	Time
ATR	Pass	3:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:45pm

Preventive Maintenance Status: Pass

Pass

CAL

3:45pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	OHNSTON Instrument Location JOHNSTON Co. JAIL
Instrument Seria	INO. 008810 SMITHFIRED 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.
procedures were	the <u>23</u> day of <u>SEPTEMBER</u> , 20 6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF AN AND THE STATE OF AND THE STATE OF AN AND THE STATE	Signature of Certifying Official Certificate Number

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

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 09/23/2008

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: 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: AG814002 Exp Date: 05/19/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	3:40pm 3:41pm
ACCY CHK	.07	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: $.00_{g}/210L$

Court CVR

-

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 153
Test Date: 09/23/2008 Test Time: 3:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:48pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:49pm 3:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location JOHNSTON Co. JAIC
Instrument S	erial No. 008629 SmiTHFIELD, NC
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.
	on the
NAMOND SET AND	
	Signature of Certifying Official Certificate Number

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

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008629 Test Date: 09/23/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:34pm 4:34pm 4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:39pm
AIR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008629 Test Record Number: 148
Test Date: 09/23/2008 Test Time: 4:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

Blank Tests

Test	Status	Time
ΔΤΡ	Pass	4 · 42pm

Printer Tests

Status

Time

Test

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 5	Tokes Instrument Location Stokes Co. JAII
Instrument Seria	INO. 008596 DANBURY, N.C.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
THE STATE OF A PART 12, THE PAR	Land 642

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

Signature of Certifying Official

Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 09/15/2008

Citation Number: M0000000-0

Subject's Name:

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

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

Analyst's Name: 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: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:59pm 3:59pm 4:00pm
AIR BLK SUB TEST	.00 .00	4:01pm 4:01pm
AIR BLK SUB TEST	.00 .00	4:02pm 4:04pm
AIR BLK	.00	4:05pm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 307 Test Date: 09/15/2008 Test Time: 4:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:06pm
FLO	Pass	4:06pm
FC	Pass	4:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:06pm
SRC	Pass	4:06pm
DET	Pass	4:06pm
BAR	Pass	4:06pm
BT	Pass	4:06pm

Blank Tests

Test	Status	Time
AIR	Pass	4:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:07pm
	CRC Tests	
Test	Status	Time

1000	2000	
COMP	Pass	4:07pm
CAL	Pass	4:07pm

Preventive Maintenance Status: Pass

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 09/07/2008

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: 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: AG722802-09 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:07pm 7:08pm 7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm
SUB TEST	.00	7:12pm
ATR BLK	.00	7:13pm

Reported AC: _ .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 117
Test Date: 09/07/2008 Test Time: 7:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:15pm
FLO	Pass	7:15pm
FC	Pass	7:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:15pm
SRC	Pass	7:15pm
DET	Pass	7:15pm
BAR	Pass	7:15pm
BT	Pass	7:15pm

Blank Tests

Test	Status	Time
AIR	Pass	7:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:16pm
	CRC Tests	
Test	Status	Time

COMP Pass 7:16pm CAL Pass 7:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Yack N Instrument Location Tack No. 1/2 P. D.
Instrume	nt Serial No. <u>008925</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
	nat on theday of
GREAT SET	Signature of Certifying Official Certificate Number

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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 09/07/2008

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: 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: AG722601-02 Exp Date: 08/13/2009

g/210L	Time
Pass	7:47pm
	7:48pm
	7:48pm
	7:49pm 7:50pm
	7:50pm
	7:52pm
.00	7:53pm
	Pass .00 .07 .00 .00 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

January Analyst

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

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Record Number: 70 Test Date: 09/07/2008 Test Time: 7:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:55pm
FLO	Pass	7:55pm
FC	Pass	7:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:55pm
SRC	Pass	7:55pm
DET	Pass	7:55pm
BAR	Pass	7:55pm
BT	Pass	7:55pm

Blank Tests

Test	Status	Time	
AIR	Pass	7:56pm	

Printer Tests

Test	Status	Time
PRNT	Pass	7:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:56pm 7:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Sol Musice Co. T
Instrument Serial	No. 008600 Cang
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	the <u>20</u> day of, 20 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.
OF THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 391 Test Date: 09/20/2008 Test Time: 12:23am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23am
FLO	Pass	12:23am
FC	Pass	12:23am

Temperature Tests

Test	Status	Time
FC1	Pass	12:23am
SRC	Pass	12:23am
DET	Pass	12:23am
BAR	Pass	12:23am
BT	Pass	12:23am

Blank Tests

Test	Status	Time
AIR	Pass	12:24am

Printer Tests

Test	Status	Time
PRNT	Pass	12:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:24am

Pass

12:24am

Preventive Maintenance Status: Pass

CAL

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/20/2008

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: Morgart, Stephen G Permit Number: 09372E Effective:

10/01/2007-10/01/2009

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	12:13am 12:14am 12:15am 12:16am 12:17am 12:18am
SUB TEST	.00	12:19am
AIR BLK	.00	12:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location_	1347	MoBILE	Luit
Instrument Serial	No. 008696		CAN	<u></u>	
The preventive n four months are:	naintenance procedures for the Into	eximeters, Model Intox	EC/IR II to be	e followed at least	once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		lcoholic brea	th simulator thern	nometer shows
2.	Verify instrument displays time a	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appea	rs, collect breath sample	; ;		
7.	When "PLEASE BLOW" appea	rs, collect breath sample	»;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed befored every four months of	ore expiration r after 125 Al	date, or the alcoholic Breath Si	olic breath mulator tests,
l certify that on t procedures were Department of H	heday of performed on the instrument indic ealth and Human Services, and the	ated above, in accordance instrument is functioning	the force with curre	orgoing preventive nt regulations of t	maintenance the N.C.
THE STATE OF N. CO. THE ST	RICH CAROLLAND	6.1/15	h 8	1 6°	36

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: 229
Test Date: 09/19/2008 Test Time: 11:25pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27pm 11:27pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/19/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Morgart, Stephen G

Permit Number: 09372E

Effective:

10/01/2007-10/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:16pm 11:17pm 11:17pm 11:18pm 11:19pm 11:20pm
AIR BLK	.00	11:20

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WALCE	Instrument Location STMOB. 1 & Cent. 1	
Instrument S	Serial No. <u>しひどつ</u> る子	Cony	
The prevent four months		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	Verify instrument displays time and date;	
3.	Initiate breath test sequence	Initiate breath test sequence;	
4.	Enter information as prom	Enter information as prompted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW"	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	Print test record;	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures v Department	were performed on the instrumen	the forgoing preventive maintenance nt indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.	
STATE WAY OF THE WAY O	TO A COLLING TO A	2. 6. 7/10/2X1 636	

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 112
Test Date: 09/19/2008 Test Time: 11:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:34pm
SRC	Pass	11:34pm
DET	Pass	11:34pm
BAR	Pass	11:34pm
\mathtt{BT}	Pass	11:34pm

Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:35pm 11:35pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/19/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:24pm 11:25pm 11:26pm 11:26pm 11:27pm 11:28pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Serial No. 008647 Instrument Location BAT MUSILE (WIT 3
Ins trument S	Serial No. <u>008647</u> CHARLOTTE, JC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 19 day of SEPTEMBER, 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.
TO THE STATE OF TH	CO D. S. C. US

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

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 09/19/2008

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

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

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

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

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

Lot Number: AG722602 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	8:50pm 8:51pm 8:51pm 8:52pm 8:53pm 8:53pm
SUB TEST	.00	8:55pm
AIR BLK	.00	
TIV DUV	.00	8:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 09/19/2008

Test Record Number: 348

Test Time: 8:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:57pm
FLO	Pass	8:57pm
FC	Pass	8:57pm

Temperature Tests

Status	Time
Pass	8:57pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	.8:58pm

Printer Tests

	'est	Status	Time
PRNT Pass 8:58	RNT	Pass	8:58pm

CRC Tests

COMP Pass 8:58 CAL Pass 8:58	-
	r

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cha	
Instrument Seria	INO. 008586 305 W. FREEMASUN ST., Edepton, N.
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 day of september, 20 28 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. OF THE STATE OF N. OF THE STATE OF N. OF THE STATE OF	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

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

4

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008586 Test Date: 09/04/2008

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: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:42pm
ACCY CHK	.07	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
ATR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Test Record Number: 247 Serial Number: 008586 Test Time: 1:37pm EDT Test Date: 09/04/2008

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
\mathtt{BT}	Pass	1:37pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm
	CRC Tests	

Test	Status ·	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SANFORD Instrument Location SANFORD	
Instrumen	ent Serial No. 008657 PoLICE DERT.	
The preve	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least on this are:	nce every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo 34 degrees, plus or minus .2 degree centigrade;	meter 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 alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
procedures	that on the	naintenance N.C.
THE COREATOR AND THE PROPERTY OF THE PROPERTY	STATE or ORDER TO THE ORDER TO	umber

. LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008657 Test Date: 09/15/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG723301 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:04pm 2:05pm 2:06pm 2:06pm 2:07pm 2:08pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008657 Test Record Number: 679
Test Date: 09/15/2008 Test Time: 2:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:12pm 2:12pm
FC	Pass	2:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:12pm
SRC	Pass	2:12pm
DET	Pass	2:12pm
BAR	Pass	2:12pm
BT	Pass	2:12pm

Blank Tests

Test	Status	Time
AIR	Pass	2:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:13pm

2:13pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 2	Instrument Location <u>LEE COUNTY</u>
Instrument Seria	INO. 008645 JAIZ, SANFORD, 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on a procedures were Department of H	the <u>day of the ber</u> , 20 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 MARIE OF THE PARTY	Signature of Certifying Official Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 09/15/2008

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

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

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

Analyst's Name: 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: AG723301 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	12:47pm 12:48pm
ACCY CHK AIR BLK	.07 .00	12:48pm 12:49pm
SUB TEST	.00	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Record Number: 585 Test Time: 12:55pm EDT Test Date: 09/15/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:56pm 12:56pm
FC	Pass	12:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:56pm
SRC	Pass	12:56pm
DET	Pass	12:56pm
BAR	Pass	12:56pm
\mathtt{BT}	Pass	12:56pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:57pm 12:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GRANVILLE	Instrument Location	CREEDIC	on PD
Instrumen	t Serial No <u>50-008641</u>	III MASON	K ST,	CREDMOOR: N
The preve	entive maintenance procedures for the Into	ximeters, Model Intox F	EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		coholic breath sir	nulator thermometer shows
2.	Verify instrument displays time an	nd date;		
3.	Initiate breath test sequence;	Initiate breath test sequence;		
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample	;	
7.	When "PLEASE BLOW" appear	s, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	r is being changed beford every four months or	re expiration date after 125 Alcoho	e, or the alcoholic breath dic Breath Simulator tests,
I certify the procedures Department	nat on the 19 day of SEPTE s were performed on the instrument indicant of Health and Human Services, and the	ted above, in accordance instrument is functioning	the forgoing with current reing properly.	ng preventive maintenance gulations of the N.C.
GO REAL SERVICES	NA!	ANANT Ire of Certifying Officia	al	652 Certificate Number

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 09/19/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:
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	11:21am 11:22am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:24am
SUB TEST	.00	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 339
Test Date: 09/19/2008 Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
\mathtt{BT}	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:30am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	GRANUITE	Instrument Location	OXFORD	P.D.	
Instrume	nt Serial No. <u>SN - 008873</u>	204 E M	CLAUALAU	ST. OFFILM	,れこ
The prevention	entive maintenance procedures for the Into ths are:	ximeters, Model Intox E	C/IR II to be followed	ed at least once every	
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.		coholic breath simul	ator thermometer shows	
2.	Verify instrument displays time an	nd date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	s, collect breath sample;			
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.				
I certify t procedure Departme	hat on the <u>\C\</u> day of <u>\C\</u> es were performed on the instrument indicaent of Health and Human Services, and the	ted above, in accordance instrument is functionin	the forgoing pewith current regulary groperly.	preventive maintenance ations of the N.C.	
THE GREAT OF S		are of Certifying Official		652 Certificate Number	

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Date: 09/19/2008

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Record Number: 96 Test Date: 09/19/2008 Test Time: 10:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:41am
FLO	Pass	10:41am
FC	Pass	10:41am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:41am 10:41am 10:41am 10:41am 10:41am

Blank Tests

Test	Status	Time
AIR	Pass	10:42am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (AKE	Instrume	nt Location <u>U</u>	AKE	= tore	EST PD) ————
Instrument Seri	al No. <u>SH</u> 008700	401	OWER	5 7.	WAYE	TOILEST	<u>, ۲-(</u>
The preventive four months are	maintenance procedures for the In	toximeters,	Model Intox 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			holic br	eath simulato	r thermomete	r 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 b	oreath sample;				
7.	When "PLEASE BLOW" appear	ars, collect b	reath sample;				
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.						
procedures were	the \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	cated above,	, in accordance i	with curi	rent regulatio	rentive mainte ns of the N.C.	nance
THE STATE OF A STATE O	ON CAROUN	Ox			E	52	
	\$igna	ture of Certi	fying Official			ificate Numbe	: T

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 135
Test Date: 09/18/2008 Test Time: 1:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:32pm 1:32pm
FC	Pass	1:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:32pm
SRC	Pass	1:32pm
DET	Pass	1:32pm
BAR	Pass	1:32pm
BT	Pass	1:32pm

Blank Tests

Test	Status	Time
AIR	Pass	1 • 3 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:33pm 1:33pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 09/18/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	1:24pm 1:25pm
ACCY CHK	.07	1:26pm
AIR BLK	.00	1:27pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ TK	ZANKLIN	Instrument Location_	FRANKLIN	Co. JAIL
Instrument Se	rial No. <u>50 008933</u>	285 T	KEMP RD, L	DUISBURG N
The preventive four months as	e maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be followed	ed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath simula	ator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample	e;	
7.	When "PLEASE BLOW" appo	ears, collect breath sample	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.			
	n the day of re performed on the instrument ind Health and Human Services, and t			reventive maintenance tions of the N.C.
THE STATE OF THE S	Sign	ature of Certifying Offici		653 ertificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 09/17/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name:

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: AG723402 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:47am 11:48am 11:49am 11:50am 11:52am 11:53am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am

Reported AC: .00 g/21QL

Signatur€ of Chemical Analyst

Court CVR

~Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 90 Test Date: 09/17/2008 Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTP	Pagg	11.59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County +	RANKLIN	Instrument Location	1 FRANGLIN CO.JA	16
Instrument S	Gerial No. <u>SN</u> 008943	7 982 I F	EMP PD. LOUISBULG	, 12
The preventi	•	the Intoximeters, Model Into	x EC/IR II to be followed at least on	ce every
1.	Verify the ethanol gas can 34 degrees, plus or minus		e alcoholic breath simulator thermom	eter shows
2.	Verify instrument displays	s time and date;		
3.	Initiate breath test sequence	ce;		
4.	Enter information as prom	ipted;		
5.	Verify instrument accurac	у;		
6.	When "PLEASE BLOW"	appears, collect breath samp	ole;	
7.	When "PLEASE BLOW"	appears, collect breath samp	ole;	
8.	Print test record;			
9.	Verify Diagnostic Program	n; and		
10.			efore expiration date, or the alcoholic or after 125 Alcoholic Breath Simul	
	on the 17 day of Services, day of Health and Human Services,		the forgoing preventive ma ance with current regulations of the Noning properly.	intenance N.C.
THE STATE OF THE S	CAROLINA CAR			
* ESS QUAM VI	TOTAL STATE OF THE	Signature of Certifying Offi	652 icial Certificate Nu	mber

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 09/17/2008

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

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 88
Test Date: 09/17/2008 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IŘ FLO	Pass Pass	11:57am 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
ΒT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

11:58am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FR	ANKLIN Instrument Location TRANKLINTON PD
Instrument Seria	al No. SN 008815 #7 W MASON ST, FRANKLINDA 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 \frac{1}{1} day of \frac{5 \in PTEMBER()}{1}, 20 \frac{3}{2} the forgoing preventive maintenance experiormed 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 MANY 12, UTTER OF	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 09/17/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name:

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: AG723402 Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 100 Test Date: 09/17/2008 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

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	11:13am

11:13am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	10NTEOMERY Instrument Location MONTEOMERY CO.
Instrument Ser	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>OH</u> day of <u>SEPTEWRER</u> , 20 <u>OB</u> the forgoing preventive maintenance be 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 CHEAT SHALL SHA	CORDINATION 371

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

Signature of Certifying Official

Certificate Number

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Date: 09/04/2008

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Record Number: 191
Test Date: 09/04/2008 Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Status	Time
Pass	2:08pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ANQ7AQ TO
Instrument Ser	rial No. <u>008/09</u> <u>7209, NC</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every 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 theday ofSPIEMBER, 20 0B the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE COLUMNIES.	Signature of Certifying Official Certificate Number

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Date: 09/04/2008

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported/AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Record Number: 134
Test Date: 09/04/2008 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:45pm

Printer Tests

Status

Test

CAL

Time

1:45pm

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

Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County G	UILFURD Instrument Location BAT MOBILE UNIT 3
Instrument Serial	Instrument Location BAT MOBILE UNIT 3 INO. 008707 GREENSBORO, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the <u>12</u> day of <u>SEPTEMBER</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 09/12/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .07	7:15pm 7:16pm 7:16pm
SUB TEST	.00	7:17pm 7:18pm
AIR BLK SUB TEST	.00 .00	7:18pm 7:20pm
AIR BLK	.00	7:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Record Number: 175 Test Date: 09/12/2008 Test Time: 7:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:22pm
FLO	Pass	7:22pm
FC	Pass	7:22pm

Temperature Tests

Status	Time
•	
Pass	7:22pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:23pm
	CRC Tests	
Test	Status	Time

	200000	1 11110
COMP	Pass	7:23pm
CAL	Pass	7:23pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OUILFORD Instrument Location BAT MOBILE UNIT
Instrument Seri	Instrument Location BAT MOBILE UNIT
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>J</u> day of <u>SEPTEMBER</u> , 20 <u>OS</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 TH	Glu Ry Baus 648 Signature of Certifying Official Certificate Number

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:59pm
AIR BLK	.00	8:00pm
ACCY CHK	.07	8:00pm
AIR BLK	.00	8:01pm
SUB TEST	.00	8:02pm
AIR BLK	.00	8:03pm
SUB TEST	.00	8:04pm
AIR BLK	.00	8:05pm

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616

Test Record Number: 316

Test Date: 09/12/2008

Test Time: 8:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:06pm
FLO	Pass	8:06pm
FC	Pass	8:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:07pm
SRC	Pass	8:07pm
DET	Pass	8:07pm
BAR	Pass	8:07pm
BT	Pass	8:07pm

Blank Tests

Test	Status	Time
AIR	Pass	8:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:07pm
	CRC Tests	
Test	Status	Time

8:07pm

8:07pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	erial No. 008647 Instrument Location GREENSBURD, NC.
Instrument S	erial No. 008647 CREENSBORO, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 12 day of SEPTEMBER, 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.
TAND AND AND AND AND AND AND AND AND AND	

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	7:46pm
AIR BLK	.00	7:47pm
ACCY CHK	.07	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:50pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 342

System Check: Passed

Baseline Tests

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

Temperature Tests

SRC Pass 7:57pm DET Pass 7:57pm BAR Pass 7:57pm	Test	Status	Time
-	SRC DET	Pass Pass	7:57pm 7:57pm 7:57pm
BT Pass 7:57pm	BAR	Pass	7:57pm
	BT	Pass	7:57pm

Blank Tests

Test	Status	Time
AIR	Pass	7:58pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	atauga Instrument Location BAT Mobile Court 4
Instrument Se	erial No. <u>OO 8717</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.
I certify that of procedures we Department of	on the 12th day of Society, 20 8 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 CREAT SET OF THE CR	Signature of Certifying Official Certificate Number

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

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008717 Test Record Number: 91 Test Date: 09/12/2008 Test Time: 8:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:20pm
FLO	Pass	8:20pm
FC	Pass	8:20pm

Temperature Tests

Status	Time
Pass	8:20pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:21pm 8:21pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008717 Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:12pm 8:13pm 8:13pm 8:14pm 8:15pm 8:16pm 8:17pm
AIR BLK	.00	8:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	Trument Location BAT Nobile (Wit 4
Instrument Seria	INO. <u>CC8734</u>
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he day of Sententification, 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
CALLED STATE ON THE STATE OF TH	Signature of Certificial Certificate Number

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

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Record Number: 126 Test Date: 09/12/2008 Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	8:18pm 8:18pm 8:18pm
		_

Temperature Tests

Test	Status	Time
FC1	Pass	8:18pm
SRC	Pass	8:18pm
DET	Pass	8:18pm
BAR	Pass	8:18pm
BT	Pass	8:18pm

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:19pm 8:19pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Date: 09/12/2008

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

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

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

Analyst's Name: 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	Pass .00 .07	8:09pm 8:10pm 8:11pm 8:11pm
AIR BLK SUB TEST	.00	8:12pm
AIR BLK SUB TEST	.00 .00	8:13pm 8:14pm
AIR BLK	.00	8:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	retriege Instrument Location PAT Mebile Unit 4
Instrument S	erial No. <u>COS734</u>
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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

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

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Record Number: 130 Test Date: 09/13/2008 Test Time: 8:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:49pm
FLO	Pass	8:49pm
FC	Pass	8:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:49pm
SRC	Pass	8:49pm
DET	Pass	8:49pm
BAR	Pass	8:49pm
\mathtt{BT}	Pass	8:49pm

Blank Tests

Test	Status	Time
AIR	Pass	8:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:50pm 8:50pm

Preventive Maintenance Status: Pass

Analyst

WATAUGA COUNTY BAT MOBILE UNIT 4 940

Serial Number: 008734 Test Date: 09/13/2008

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: 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	8:40pm 8:41pm 8:42pm 8:43pm 8:44pm 8:45pm 8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location	BAT INO	Bie Cen. T #3
Instrument Seri	al No. <u>608600</u>		KINIGHT	DALE
The preventive four months are	maintenance procedures for the Inte:	toximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath si	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 samp	le;	
7.	When "PLEASE BLOW" appear	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ster is being changed be ged every four months	fore expiration dat or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures wer Department of	the /3 day of /2 te performed on the instrument indi Health and Human Services, and the	cated above, in accordance instrument is function	the forgo ince with current re ning properly.	ing preventive maintenance egulations of the N.C.
AFRE 12. IT SEE QUAN VIDEN	Sign:	ature of Certifying Offic	cial	656 Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 386
Test Date: 09/13/2008 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:37pm 9:37pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/13/2008

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: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

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	WAKE	Instrument Location 34T mobile Lant 5
Instrument	Serial No. <u>008698</u>	KIJI6HTDALE
The preven		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	eter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays	rime and date;
3.	Initiate breath test sequence	, i
4.	Enter information as promp	ted;
5.	Verify instrument accuracy	(
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures Departmen	were performed on the instrument tof Health and Human Services, a	, 20 5 the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
AND SEE AND SE	AVE OF NO DELLA CAROLINA CAROL	ah 67110fal 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 225
Test Date: 09/13/2008 Test Time: 10:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/13/2008

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: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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	10:23pm 10:24pm 10:25pm 10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00 .00	10:27pm
SUB TEST AIR BLK	.00	10:28pm 10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Son 6.01 o Fand Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location BAF 111013.16 Law. TTS
Instrument	t Serial No. 00 8 755	KNIGHT DALE
The preven four month		oximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath simulator thermometer shows ree centigrade;
2.	Verify instrument displays time a	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appea	rs, collect breath sample;
7.	When "PLEASE BLOW" appea	rs, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	at on the	the forgoing preventive maintenance atted above, in accordance with current regulations of the N.C. e instrument is functioning properly.
AND STATE OF THE CONTRACT OF T	CAROLINA	6.Th-pad 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 109
Test Date: 09/13/2008 Test Time: 10:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

Temperature Tests

Test Status Time	
FC1 Pass 10:36p	m
SRC Pass 10:36p	m
DET Pass 10:36p	m
BAR Pass 10:36p	m
BT Pass 10:36p	m

Blank Tests

lest	Status	TIME
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37pm 10:37pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/13/2008

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: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location SURRY Co. JAIL
Instrument	Serial No. 008934 Dabson, N.C.
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.
	t on theday ofender
ALES GREAT	Signature of Certifying Official Certificate Number

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 09/09/2008

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: 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: AG722802-15 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:40pm 1:41pm 1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 135 Test Date: 09/09/2008 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1 · 4 9 mm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:49pm

CAL

Levi Dean

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location E/Kin PD
Instrument	Serial No. 608926 Elkin, N.C.
The preven	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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on theday of
STAR STAR OF THE S	John Son 646
	Signature of Certifying Official Certificate Number

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 09/09/2008

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: 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: AG723401-20 Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 09/09/2008

Test Record Number: 95
Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21pm

12:21pm

Preventive Maintenance Status: Pass

Pass

CAL

- Hein Dean Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	URRY Instrument Location Mount Airy PD
Instrument Se	
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.
I certify that of procedures we Department o	on theday of
STATE OF THE STATE	O VOI ME CAROLL

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 09/09/2008

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: 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: AG722802-02 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:48pm 2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 175
Test Date: 09/09/2008 Test Time: 2:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

s Time
2:57pm
s
s Time

Pass

2:58pm

2:58pm

Preventive Maintenance Status: Pass

Pass

Analyst

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	URRY Instrument Location Pilot Maintain FD
Instrument Ser	ial No. 008938 P. P. Tor Mount A. W. C.
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.
I certify that on procedures were Department of I	the
A STATE OF	Second Com 1 647

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

Signature of Certifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/09/2008

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: 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: AG723401-21 Exp Date: 08/21/2009

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 4:05pm
AIR BLK	.00	4:06pm
SUB TEST AIR BLK	.00 .00	4:08pm 4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY PILOT MOUNTAIN PD 850

Test Record Number: 66 Serial Number: 008938 Test Date: 09/09/2008 Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

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

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
AIR	Pass	4:11pm

Printer Tests

CAL

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

4:11pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Alex	Lander Instrument Location Alexander County SD
Instrument Seria	1No. 008813 29 W. Main Avenue, Taylorsville 828-632-4658
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	the <u>33rd</u> day of <u>September</u> , 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
O'NE STATE OF NO.	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 09/23/2008

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: 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: AG722702 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 129
Test Date: 09/23/2008 Test Time: 9:53am EDT

System Check: Passed

Baseline Tests

IR Pas FLO Pas FC Pas	s 9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test	Status	Time
ΔTR	Pagg	9·54am

Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:54am 9:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I	Iredell Instrument Location Mooresville	PD	
Instrument Ser	Serial No. 008685 750 W. Tredell Ave., M 704-664-3311	oonesville	
The preventive four months ar	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe	d at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	tor 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 date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the 33rd day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.			
O ME STATE OF THE	Meph Statemy Official Co	656	

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 09/23/2008

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

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 307
Test Date: 09/23/2008 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location <u>Gas</u>	ton County SO	
Instrumer	nt Serial No. <u>() () () () () () () () () () () () () (</u>	425 N. Marietta 704-869-6800	Street, Gastonia	
The preve	entive maintenance procedures for the ths are:	Intoximeters, Model Intox EC/IR	Il to be followed at least once every	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		ic breath simulator thermometer shows	
2.	Verify instrument displays tin	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	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; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before exp anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,	
procedure	hat on the <u>1544</u> day of <u>Sep</u> es were performed on the instrument hent of Health and Human Services, and	ndicated above, in accordance wit	the forgoing preventive maintenance h current regulations of the N.C. operly.	
THE CONTRACTOR OF THE CONTRACT	SIATE OF TOP	father of Certifying Official	Certificate Number	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 09/15/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	4:49pm 4:49pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 538
Test Date: 09/15/2008 Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:57pm

4:57pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	cklenburg	Instrument Location_	Matthews	
	1 No. <u>008 699</u>	1201 Crews	Road , Matt	hews
		704-847-4	1069	
The preventive i	naintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	urs, collect breath sample	; ;	
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
procedures were	the <u>10th</u> day of <u>Secondary of Secondary of Secondary of the Instrument indicates and the secondary of the </u>	cated above, in accordan	ice with current regulati	eventive maintenance ions of the N.C.
TO THE STATE OF A LOCAL PROPERTY OF A LOCAL PR	Signa	tuchusture of Certifying Offici	ial Ce	うび rtificate Number

MATTHEWS PD

Serial Number: 008699 Test Date: 09/10/2008

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	10:14am 10:15am
ACCY CHK AIR BLK	.07 .00	10:15am 10:16am
SUB TEST AIR BLK	.00 .00	10:17am 10:18am
SUB TEST	.00 .00	10:19am 10:20am
AIR BLK	.00	TU.ZUalli

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MATTHEWS PD

Serial Number: 008699 Test Date: 09/10/2008

Test Record Number: 375
Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Mecklenburg Instrument Location Cornelius PD		
Instrument S	Serial No. 008692 21440 Catawba Ave, Cornelius		
	704-892-1363		
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures v	on the 104h day of September, 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.		
OTHE STATE	Signature of Certifying Official Certificate Number		

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 09/10/2008

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: AG722501 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	12:43pm 12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Test Record Number: 235 Serial Number: 008692 Test Date: 09/10/2008 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:50pm 12:50pm
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	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Med	Klenburg Instrument Location Mecklenburg County 50
Instrument Seria	No. 008665 801 East 4th Street, Charlotte
	704-353-0180
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 t procedures were Department of H	the 14h day of September, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 09/09/2008

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:47pm 2:48pm 2:48pm 2:49pm 2:50pm
AIR BLK SUB TEST	.00	2:50pm 2:52pm
AIR BLK	.00	2:53pm

Reported AC: ____00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Record Number: 366 Test Date: 09/09/2008 Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	ecklenburg Instrument Location Mecklenburg County 5D
Instrument Se	erial No. 008690 801 E. 4th Street, Charlotte
	704 -353-0180
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 9th day of September, 2008 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.
MATERIAL STATES OF THE CAREAR	Joseph E. Statchenson 650
	// Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 09/09/2008

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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	2:27pm 2:28pm
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

Agrature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 693 Test Date: 09/09/2008 Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time	
FC1	Pass	2:38pm	
SRC	Pass	2:38pm	
DET	Pass	2:38pm	
BAR	Pass	2:38pm	
BT	Pass	2:38pm	

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test

Status Time

m
1

COMP Pass 2:39pm CAL Pass 2:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	clenburg Instrument Location Mecklenburg County 50
Instrument Seria	11 No. 008691 801 East 4th Street, Charlotte 704-353-0180
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	he 946 day of September, 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 N	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Date: 09/09/2008

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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	2:23pm 2:24pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY SD 590

Test Record Number: 666 Serial Number: 008691 Test Date: 09/09/2008 Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
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
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
ΔTD	Pagg	2 • 3 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:33pm 2:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	Klenburg	Instrument Location Mecklen	burg County SD
Instrument Seria	INO. <u>008703</u>	801 E. 4th Street, C	Charlotte
		704 - 353 - 0180	
The preventive r four months are:		oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brea ree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Al	
I certify that on t procedures were Department of H	he <u>GHA</u> day of <u>Seβ</u> performed on the instrument indic tealth and Human Services, and th	the force tender to the force tender tender to the force tender tender to the force tender tende	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF N	Agin E. Ha	ture of Certifying Official	650 Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Date: 09/09/2008

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: AG722801 Exp Date: 08/15/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 722
Test Date: 09/09/2008 Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
\mathtt{BT}	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:16pm

2:16pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston Instrument Location SELMA
Instrumen	t Serial No. 008595 Police DEPT.
The preve	entive 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.
	nat on the 30 day of 50 ptember , 2003 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. in the of Health and Human Services, and the instrument is functioning properly.
SE CONTRACTOR OF SECONDARY	Signature of Certifying Official Certificate Number

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Date: 09/30/2008

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

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:53am 11:54am 11:55am 11:56am 11:56am 11:57am 11:59am
AIR BLK	.00	12:00pm

Reported AC: 600 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Record Number: 270 Test Date: 09/30/2008 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Status

Time

Test

		_
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:03pm 12:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	PRNETT Instrument Location DUNN TOLICE
Instrument Seria	11 No. 00 8644 Dept. DUNN, NC.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 30 day of September, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	aue 1. Summin 578

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 09/30/2008

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: 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: AG723301 Exp Date: 08/20/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 573 Test Date: 09/30/2008 Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Schuston Instrument Location CLAYton
Instrument Se	rial No. 008658 Police DEPT, Clayton, NC
The preventive four months as	re 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Date: 09/30/2008

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: 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	Pass	2:18pm 2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	. 00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 214
Test Date: 09/30/2008 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:26pm 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
ΔΤΡ	Dagg	2 · 27pm

Printer Tests

Status

Test

CAL

Time

PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	
Instrument Seri	ial No. 008913 305 E. MAIN ST., WILLIAMSTON, W.C.
four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
J. 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	the 9 had day of 5 house 20 18 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	School State of Carlo
	Signature of Certifying Official Certificate Number

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 09/29/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 94
Test Date: 09/29/2008 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

Test	Status	Time
lest	Status	TIME
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:44pm 12:44pm

Preventive Maintenance Status: Pass

Frich N. Keys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	
Instrument Ser	rial No. 008879 305 E. MAIN ST., Williamston, N.
The preventive four months an	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF A	Signature of Certifying Official Certificate Number

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linds Keese
Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Test Record Number: 65 Serial Number: 008879 Test Date: 09/29/2008 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Se	Instrument Location SERTIE Co. 5.6
Instrument Serial	Instrument Location BERTIE CD. S.O. INO. 008897 104 DUNDEEST, WINDSOR, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
STATE OF THE STATE	SARO CONT
Militar	Signature of Certifying Official Certificate Number

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 09/29/2008

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

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

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

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

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

Lot Number: AG807702 Exp Date: 03/17/2010

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK ACCY CHK	.00 .07	1:21pm 1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 90 Test Date: 09/29/2008 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:28pm
SRC	Pass	1:28pm
DET	Pass	1:28pm
BAR	Pass	1:28pm
BT	Pass	1:28pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	S ta tus	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:29pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

1:29pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	TERTIFORD Instrument Location SHOSKIE POLICE DEF			
Instrument Se	rial No. 008848 301 N. MAN ST., AHOSKIE, N.			
The preventive four months as	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 27th day of 5 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 THE STATE	Signature of Certifying Official Certificate Number			

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 09/29/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
ATR BLK	. 00	2:18pm

Reported AC: .00 g/210L

Signatuke of Chemical Analyst

Court CVR

Analyst Leese

HERTFORD COUNTY AHOSKIE PD 450

Test Record Number: 111 Serial Number: 008848

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	2 • 20 mm

Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location	BAT INO	Bie Cen. T #3
Instrument Seri	al No. <u>608600</u>		KINIGHT	DALE
The preventive four months are	maintenance procedures for the Inte:	toximeters, Model Intox	EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath si	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 samp	le;	
7.	When "PLEASE BLOW" appear	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ster is being changed be ged every four months	fore expiration dat or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures wer Department of	the /3 day of /2 te performed on the instrument indi Health and Human Services, and the	cated above, in accordance instrument is function	the forgo ince with current re ning properly.	ing preventive maintenance egulations of the N.C.
AFRE 12. IT AFRE 1	Sign:	ature of Certifying Offic	cial	656 Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Record Number: 386
Test Date: 09/13/2008 Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:35pm
FLO	Pass	9:35pm
FC	Pass	9:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:36pm
SRC	Pass	9:36pm
DET	Pass	9:36pm
BAR	Pass	9:36pm
BT	Pass	9:36pm

Blank Tests

Test	Status	Time
AIR	Pass	9:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:36pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:37pm 9:37pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 09/13/2008

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: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:26pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

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	WAKE	Instrument Location 34T mobile Lant 5
Instrument	Serial No. <u>008698</u>	KIJI6HTDALE
The preven		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	eter displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	, i
4.	Enter information as promp	ted;
5.	Verify instrument accuracy	(
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that procedures Departmen	were performed on the instrument tof Health and Human Services, a	, 20 5 the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
AND SEE AND SE	AVE OF NO DELLA CAROLINA CAROL	ah 67110fal 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 225
Test Date: 09/13/2008 Test Time: 10:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31pm
FLO	Pass	10:31pm
FC	Pass	10:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:31pm
SRC	Pass	10:31pm
DET	Pass	10:31pm
BAR	Pass	10:31pm
BT	Pass	10:31pm

Blank Tests

Test	Status	Time
AIR	Pass	10:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:32pm 10:32pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 09/13/2008

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: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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	10:23pm 10:24pm 10:25pm 10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00 .00	10:27pm
SUB TEST AIR BLK	.00	10:28pm 10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Son 6.01 o Fand Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake	Instrument Location BAF 111013.16 Law. TTS
Instrument	t Serial No. 00 8 755	KNIGHT DALE
The preven four month		oximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath simulator thermometer shows ree centigrade;
2.	Verify instrument displays time a	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appea	rs, collect breath sample;
7.	When "PLEASE BLOW" appea	rs, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	at on the	the forgoing preventive maintenance atted above, in accordance with current regulations of the N.C. e instrument is functioning properly.
AND STATE OF THE CONTRACT OF T	CAROLINA	6.Th-pad 636

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

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 109
Test Date: 09/13/2008 Test Time: 10:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

Temperature Tests

Test Status Time	
FC1 Pass 10:36p	m
SRC Pass 10:36p	m
DET Pass 10:36p	m
BAR Pass 10:36p	m
BT Pass 10:36p	m

Blank Tests

lest	Status	TIME
AIR	Pass	10:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:37pm 10:37pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 09/13/2008

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: Morgart, Stephen G
Permit Number: 09372E
Effective:
10/01/2007-10/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location SURRY Co. JAIL
Instrument	Serial No. 008934 Dabson, N.C.
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.
	t on theday ofender
ALE STATE OF THE CARE ALL CORE	Signature of Certifying Official Certificate Number

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 09/09/2008

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: 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: AG722802-15 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:40pm 1:41pm 1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Record Number: 135 Test Date: 09/09/2008 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1 · 4 9 mm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:49pm

CAL

Levi Dean

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY Instrument Location E/Kin PD
Instrument	Serial No. 608926 Elkin, N.C.
The preven	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 sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	on theday of
STAR STAR OF THE S	John Son 646
	Signature of Certifying Official Certificate Number

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 09/09/2008

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: 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: AG723401-20 Exp Date: 08/21/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 09/09/2008

Test Record Number: 95
Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:21pm

12:21pm

Preventive Maintenance Status: Pass

Pass

CAL

- Hein Dean Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	URRY Instrument Location Mount Airy PD
Instrument Se	
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.
I certify that of procedures we Department o	on the
STATE OF THE STATE	ONO PARTIES AND THE PARTIES AN

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 09/09/2008

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: 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: AG722802-02 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass .00	2:48pm 2:49pm
ACCY CHK	.08	2:50pm
AIR BLK	.00	2:51pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:54pm
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 175
Test Date: 09/09/2008 Test Time: 2:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:57pm
FLO	Pass	2:57pm
FC	Pass	2:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

s Time
2:57pm
s
s Time

Pass

2:58pm

2:58pm

Preventive Maintenance Status: Pass

Pass

Analyst

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	URRY Instrument Location Pilot Maintain PD
Instrument Seri	al No. 008938 P. lot Mount Ain 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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	the
A STATE OF S	Les Com (Com) 642

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

Signature of Certifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/09/2008

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: 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: AG723401-21 Exp Date: 08/21/2009

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 4:05pm
AIR BLK	.00	4:06pm
SUB TEST AIR BLK	.00 .00	4:08pm 4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY PILOT MOUNTAIN PD 850

Test Record Number: 66 Serial Number: 008938 Test Date: 09/09/2008 Test Time: 4:10pm EDT

System Check: Passed

Baseline Tests

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

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
AIR	Pass	4:11pm

Printer Tests

CAL

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

4:11pm

Preventive Maintenance Status: Pass

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Alex	Lander Instrument Location Alexander County SD
Instrument Seria	1No. 008813 29 W. Main Avenue, Taylorsville 828-632-4658
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	the <u>33rd</u> day of <u>September</u> , 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
O'NE STATE OF NO.	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Date: 09/23/2008

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: 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: AG722702 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG	Pass	9:46am
AIR BLK	.00	9:46am
ACCY CHK	.07	9:47am
AIR BLK	.00	9:48am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALEXANDER COUNTY ALEXANDER COUNTY SD 010

Serial Number: 008813 Test Record Number: 129
Test Date: 09/23/2008 Test Time: 9:53am EDT

System Check: Passed

Baseline Tests

IR Pas FLO Pas FC Pas	s 9:53am

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test	Status	Time
ΔTR	Pagg	9·54am

Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:54am 9:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I	Iredell Instrument Location Mooresville	PD
Instrument Ser	Serial No. 008685 750 W. Tredell Ave., M 704-664-3311	oonesville
The preventive four months ar	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	tor 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 date, or simulator solution is being changed every four months or after 125 Alcoholic E whichever occurs first.	
I certify that or procedures were Department of	t on the <u>33rd</u> day of <u>September</u> , 20 <u>08</u> the forgoing properly of Health and Human Services, and the instrument is functioning properly.	reventive maintenance tions of the N.C.
O ME STATE OF THE	Meph Statemy Official Co	656

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 09/23/2008

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

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 307
Test Date: 09/23/2008 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	11:48am	

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location <u>Gas</u>	ton County SO
Instrumer	nt Serial No. <u>() () () () () () () () () () () () () (</u>	425 N. Marietta 704-869-6800	Street, Gastonia
The preve	entive maintenance procedures for the ths are:	Intoximeters, Model Intox EC/IR	Il to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2		ic breath simulator thermometer shows
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before exp anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedure	hat on the <u>1544</u> day of <u>Sep</u> es were performed on the instrument hent of Health and Human Services, and	ndicated above, in accordance wit	the forgoing preventive maintenance h current regulations of the N.C. operly.
THE CONTRACTOR OF THE CONTRACT	SIATE OF TOP	father of Certifying Official	Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 09/15/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	4:49pm 4:49pm
ACCY CHK	.08	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:51pm
AIR BLK	.00	4:52pm
SUB TEST	.00	4:54pm
AIR BLK	.00	4:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Record Number: 538 Test Date: 09/15/2008 Test Time: 4:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
ΔTD	Dagg	4 · 57mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:57pm 4:57pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Me	cklenburg	Instrument Location_	Matthews	
	1 No. <u>008 699</u>	1201 Crews	Road , Matt	hews
		704-847-4	1069	
The preventive i	naintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	urs, collect breath sample	; ;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample) ;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
procedures were	the <u>10th</u> day of <u>Secondary of Secondary of Secondary of the Instrument indicates and the secondary of the </u>	cated above, in accordan	ice with current regulati	eventive maintenance ions of the N.C.
TO THE STATE OF A LOCAL PROPERTY OF A LOCAL PR	Signa	tuchusture of Certifying Offici	ial Ce	うび rtificate Number

MATTHEWS PD

Serial Number: 008699 Test Date: 09/10/2008

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	10:14am 10:15am
ACCY CHK AIR BLK	.07 .00	10:15am 10:16am
SUB TEST AIR BLK	.00 .00	10:17am 10:18am
SUB TEST	.00 .00	10:19am 10:20am
AIR BLK	.00	TU.ZUalli

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MATTHEWS PD

Serial Number: 008699 Test Date: 09/10/2008

Test Record Number: 375
Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Mecklenburg Instrument Location Cornelius PD
Instrument S	Serial No. 008692 21440 Catawba Ave, Cornelius
	704-892-1363
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the 104h day of September, 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.
OTHE STATE	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: 008692 Test Date: 09/10/2008

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: AG722501 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	12:43pm 12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY CORNELIUS PD 590

Test Record Number: 235 Serial Number: 008692 Test Date: 09/10/2008 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:50pm 12:50pm
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	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:52pm 12:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Med	Klenburg Instrument Location Mecklenburg County 50
Instrument Seria	No. 008665 801 East 4th Street, Charlotte
	704-353-0180
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 t procedures were Department of H	the 14h day of September, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Date: 09/09/2008

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:47pm 2:48pm 2:48pm 2:49pm 2:50pm
AIR BLK SUB TEST	.00	2:50pm 2:52pm
AIR BLK	.00	2:53pm

Reported AC: ____00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY SD

Serial Number: 008665 Test Record Number: 366 Test Date: 09/09/2008 Test Time: 2:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	ecklenburg Instrument Location Mecklenburg County 5D
Instrument Se	erial No. 008690 801 E. 4th Street, Charlotte
	704 -353-0180
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 9th day of September, 2008 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.
MATERIAL STATES OF THE CAREAR	Joseph E. Statchenson 650
	// Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Date: 09/09/2008

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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	2:27pm 2:28pm
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

Agrature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD

Serial Number: 008690 Test Record Number: 693 Test Date: 09/09/2008 Test Time: 2:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:38pm
FLO	Pass	2:38pm
FC	Pass	2:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
BT	Pass	2:38pm

Blank Tests

Test	Status	Time
AIR	Pass	2:39pm

Printer Tests

Test

Status Time

m
1

COMP Pass 2:39pm CAL Pass 2:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	clenburg Instrument Location Mecklenburg County 50
Instrument Seria	11 No. 008691 801 East 4th Street, Charlotte 704-353-0180
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	he 946 day of September, 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 N	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008691 Test Date: 09/09/2008

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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	2:23pm 2:24pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY SD 590

Test Record Number: 666 Serial Number: 008691 Test Date: 09/09/2008 Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
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
BT	Pass	2:32pm

Blank Tests

Test	Status	Time
ΔTD	Pagg	2 • 3 3 mm

Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:33pm 2:33pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mec	Klenburg	Instrument Location Mecklen	burg County SD
Instrument Seria	INO. <u>008703</u>	801 E. 4th Street, C	Charlotte
		704 - 353 - 0180	
The preventive r four months are:		oximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brea ree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 Al	
I certify that on t procedures were Department of H	he <u>GHA</u> day of <u>Seβ</u> performed on the instrument indic tealth and Human Services, and th	the force tender to the force tender tender to the force tender tender to the force tender tende	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF N	Agin E. Ha	ture of Certifying Official	650 Certificate Number

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Date: 09/09/2008

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: AG722801 Exp Date: 08/15/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY SD 590

Serial Number: 008703 Test Record Number: 722
Test Date: 09/09/2008 Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:15pm
FLO	Pass	2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
\mathtt{BT}	Pass	2:16pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:16pm

2:16pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston Instrument Location SELMA
Instrumen	t Serial No. 008595 Police DEPT.
The preve	entive 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.
	nat on the 30 day of 50 ptember , 2003 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. in the of Health and Human Services, and the instrument is functioning properly.
SE CONTRACTOR OF SECONDARY	Signature of Certifying Official Certificate Number

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Date: 09/30/2008

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

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	11:53am 11:54am 11:55am 11:56am 11:56am 11:57am 11:59am
AIR BLK	.00	12:00pm

Reported AC: 600 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Record Number: 270 Test Date: 09/30/2008 Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

Printer Tests

Status

Time

Test

		_
PRNT	Pass	12:03pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:03pm 12:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	PRNETT Instrument Location DUNN TOLICE
Instrument Seria	11 No. 00 8644 Dept. DUNN, NC.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 30 day of September, 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	aue 1. Summin 578

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 09/30/2008

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: 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: AG723301 Exp Date: 08/20/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 573 Test Date: 09/30/2008 Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:34am

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Schuston Instrument Location CLAYton
Instrument Se	rial No. 008658 Police DEPT, Clayton, NC
The preventive four months as	re 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Date: 09/30/2008

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: 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	Pass	2:18pm 2:19pm
ACCY CHK	.07	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:21pm
AIR BLK	.00	2:22pm
SUB TEST	.00	2:23pm
AIR BLK	. 00	2:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 214
Test Date: 09/30/2008 Test Time: 2:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:26pm 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
ΔΤΡ	Dagg	2 · 27pm

Printer Tests

Status

Test

CAL

Time

PRNT	Pass	2:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:27pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	
Instrument Seri	ial No. 008913 305 E. MAIN ST., WILLIAMSTON, W.C.
four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
J. 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	the 9 had day of 5 house 20 18 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	School State of Carlo
	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 09/29/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:36pm
AIR BLK	.00	12:37pm
ACCY CHK	.07	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:39pm
AIR BLK	.00	12:40pm
SUB TEST	.00	12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 94
Test Date: 09/29/2008 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLO	Pass	12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:43pm
SRC	Pass	12:43pm
DET	Pass	12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

Test	Status	Time
lest	Status	TIME
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:44pm 12:44pm

Preventive Maintenance Status: Pass

Frich N. Keys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	
Instrument Ser	rial No. 008879 305 E. MAIN ST., Williamston, N.
The preventive four months an	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
STATE OF ANY OF	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 09/29/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linds Keese
Analyst

MARTIN COUNTY SHERIFF'S OFFICE 570

Test Record Number: 65 Serial Number: 008879 Test Date: 09/29/2008 Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Se	Instrument Location SERTIE Co. 5.6
Instrument Serial	Instrument Location BERTIE CD. S.O. INO. 008897 104 DUNDEEST, WINDSOR, N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he
STATE OF THE STATE	SARO CONT
Militar	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 09/29/2008

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

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

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

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

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

Lot Number: AG807702 Exp Date: 03/17/2010

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK ACCY CHK	.00 .07	1:21pm 1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 90 Test Date: 09/29/2008 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:28pm
FLO	Pass	1:28pm
FC	Pass	1:28pm

Temperature Tests

Status	Time
Pass	1:28pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:29pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyzet

1:29pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	TERTIFORD Instrument Location SHOSKIE POLICE DEF
Instrument Se	rial No. 008848 301 N. MAN ST., AHOSKIE, N.
The preventive four months as	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 27th day of 5 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 THE STATE	Signature of Certifying Official Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 09/29/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:12pm
AIR BLK	.00	2:13pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
ATR BLK	. 00	2:18pm

Reported AC: .00 g/210L

Signatuke of Chemical Analyst

Court CVR

Analyst Leese

HERTFORD COUNTY AHOSKIE PD 450

Test Record Number: 111 Serial Number: 008848

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:20pm
SRC	Pass	2:20pm
DET	Pass	2:20pm
BAR	Pass	2:20pm
BT	Pass	2:20pm

Blank Tests

Test	Status	Time
ΔTR	Pagg	2 • 20 mm

Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:21pm 2:21pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA.	Rteret Instrument Location CARteret County
Instrument Seria	al No. 008605 SHERIFS OFFICE
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>39</u> day of <u>September</u> , 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.
THE STATE OF MAN TO 1772	Signature of Certifying Official Signature of Certifying Official Certificate Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 09/29/2008

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	12:51pm 12:52pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AG: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 760 Test Date: 09/29/2008 Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:59pm
FLO	Pass	12:59pm
FC	Pass	12:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

Blank Tests

Test	Status	Time
AIR	Pass	1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:00pm

1:00pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARteret	Instrument Location Moreho	eadcity P.D.	
Instrument Se	rial No. <u>00873/</u>			
The preventiv	e maintenance procedures for the Intox re:	simeters, Model Intox EC/IR II to be	e followed at least once every	
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breat e centigrade;	th simulator thermometer shows	
2.	Verify instrument displays time an	d date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		is being changed before expiration devery four months or after 125 Ald		
	n the day of for performed on the instrument indicate Health and Human Services, and the in		rgoing preventive maintenance at regulations of the N.C.	
STATE OF STA	Can	LJ E Hall of Certifying Official	354	
	Signatur	e of Certifying Official	Certificate Number	

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 09/29/2008

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: 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	Pass	1:33pm
AIR BLK	.00	1:33pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
ATR BLK	.00	1:39pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

^{*}Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 262 Test Date: 09/29/2008 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:40pm

Temperature Tests

Status	Time
Pass	1:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:41pm

1:41pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARteret	Instrument Location AHAAA	Hic Beach P.D.	
Instrument	t Serial No. <u>008785</u>			
The prever	ntive maintenance procedures for the I	Intoximeters, Model Intox EC/IR II t	o be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	r displays pressure, or the alcoholic begree centigrade;	reath simulator thermometer shows	
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.		ister is being changed before expiratinged every four months or after 125		
I certify the procedure Department	nat on the day of day of s were performed on the instrument income of Health and Human Services, and the services of the s	in december 2008 the dicated above, in accordance with cuthe instrument is functioning proper	e forgoing preventive maintenance irrent regulations of the N.C. ly.	
A STATE OF THE STA		2 EHall nature of Certifying Official	Certificate Number	

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/29/2008

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: 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 ACCY CHK	Pass .00 .07	2:11pm 2:12pm 2:12pm
AIR BLK	.00	2:13pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm

Reported AC: 1.00 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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Record Number: 117
Test Date: 09/29/2008 Test Time: 2:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:18pm
SRC	Pass	2:18pm
DET	Pass	2:18pm
BAR	Pass	2:18pm
BT	Pass	2:18pm

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:18pm

2:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CARteret In	strument Location EMERILA ISLE P.D.
Instrumer	ent Serial No. <u>00 86 20</u>	
The preve		eters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c	ys pressure, or the alcoholic breath simulator thermometer shows entigrade;
2.	. Verify instrument displays time and c	ate;
3.	. Initiate breath test sequence;	
4.	. Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, co	ollect breath sample;
7.	When "PLEASE BLOW" appears, co	ollect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is simulator solution is being changed evaluation whichever occurs first.	being changed before expiration date, or the alcoholic breath very four months or after 125 Alcoholic Breath Simulator tests,
I certify the procedure Departme	that on the <u>J</u> day of <u>Septem</u> , res were performed on the instrument indicated nent of Health and Human Services, and the inst	the forgoing preventive maintenance above, in accordance with current regulations of the N.C. rument is functioning properly.
GREAT CREAT	STATE OF NORTH COLOR OF THE COL	E-NJU 354

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

Signature of Certifying Official

Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 09/29/2008

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: 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 AIR BLK	Pass .00	3:08pm 3:09pm
ACCY CHK	.08	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
ATP BILK	. 0.0	3:14pm

Reported AC:, .0,0 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 615 Test Date: 09/29/2008 Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
TR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

Blank Tests

Test	Status	Time
ATR	Pagg	3 · 1 6 mm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:16pm 3:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NSLOW Instrument Location CAMS	Lejeune PMO
Instrument Se	rial No.008920	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath 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 Al whichever occurs first.	
I certify that or procedures we Department of	n the <u>30</u> day of <u>September</u> , 20 <u>08</u> the force performed on the instrument indicated above, in accordance with curre Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF STATE OF THE O	Rang EHOLD	354
	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/30/2008

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: 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	Pass	9:26am
AIR BLK	.00	9:26am
ACCY CHK	.07	9:27am
AIR BLK	.00	9:28am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

^L Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 97 Test Date: 09/30/2008 Test Time: 9:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:32am
FLO	Pass	9:32am
FC	Pass	9:33am

Temperature Tests

Test	Status	Time
FC1	Pass	9:33am
SRC	Pass	9:33am
DET	Pass	9:33am
BAR	Pass	9:33am
BT	Pass	9:33am

Blank Tests

Test	Status	Time
ATR	Pass	9 · 33am

Printer Tests

Test	Status	Time
PRNT	Pass	9:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:33am 9:33am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location ONSLOW Country
	t Serial No. 008932 SHERIFF'S OFFICE
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the <u>30</u> day of <u>5e, tember</u> , 20 <u>8</u> the forgoing preventive maintenance swere performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
COREAT CANADA CONTROL OF THE CONTROL	liarly CHall 354
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 09/30/2008

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: 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: AG710801 Exp Date: 04/17/2009

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:29am 10:30am
ACCY CHK	.07	10:31am
AIR BLK	.00	10:32am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:35am
ATR BLK	.00	10:36am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kang EHOD Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 131 Test Date: 09/30/2008 Test Time: 10:37am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:37am
FLO	Pass	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 CAL	Pass Pass	10:38am 10:38am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW County
Instrumen	t Serial No. 008931 SHERIFF'S OFFICE
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	hat on the <u>30</u> day of <u>5ehfen be L</u> , 20 <u>8</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
GREATSCA	Signature of Certifying Official Certificate Number

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 09/30/2008

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: 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: AG722602 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:53am 10:54am 10:54am 10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am

Reported AC: , .99, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 263
Test Date: 09/30/2008 Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW	Instrument Location	JACKSONVILLE A.D.
Instrumer	nt Serial No. <u>008930</u>		
The preve	-	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		alcoholic breath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample	; ;
7.	When "PLEASE BLOW" app	pears, collect breath sample	; ;
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
procedure	nat on the <u>30</u> day of <u>50</u> s were performed on the instrument in the of Health and Human Services, and	dicated above, in accordan	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.
SESTIMATE CAREAT SE		ng E Half	<u>354</u>
	Sign	nature of Certifying Offici	al Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 09/30/2008

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: 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: AG723302 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:30am 11:31am 11:31am 11:32am
SUB TEST	.00	11:33am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY JACKSONVILLE PD 660

Test Record Number: 187 Serial Number: 008930 Test Time: 11:37am EDT Test Date: 09/30/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location MCAS NewRiver
Instrumer	t Serial No. 008922
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify to procedure Departme	nat on the <u>So</u> day of <u>September</u> , 20 <u>S</u> the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. int of Health and Human Services, and the instrument is functioning properly.
SE S	Signature of Certifying Official Cartificate Number

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

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Date: 09/30/2008

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: 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: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:34pm 12:34pm 12:35pm 12:36pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
ATR BLK	. 00	12:39pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Rang E-Hall Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922 Test Record Number: 49
Test Date: 09/30/2008 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:40pm 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	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:41pm 12:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County)	Instrument Location P; H (o. Detention Cent
Instrument Seria	INO. 008847 124 Detention Dr., Greenville,
	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 h	the
O'THE STATE O'M O'THE STATE O'	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008847 Test Date: 09/25/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	2:57pm
AIR BLK	.00	2:57pm
ACCY CHK	.07	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008847 Test Date: 09/25/2008

Test Record Number: 47

Test Time: 3:04pm EDT

System Check: Passed

Baseline Tests

Test S	Status	Time
FLO I	Pass	3:04pm 3:04pm 3:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:04pm
SRC	Pass	3:04pm
DET	Pass	3:04pm
BAR	Pass	3:04pm
BT	Pass	3:04pm

Blank Tests

Test	Status	Time
ATR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:05pm 3:05pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Le	noir Instrument Location Lenoir (o. S.O.
Instrument Ser	ial No. 008639 Instrument Location Lenoir (o. S.O. 130 Queen St, Kinston, MC.
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 26 day of September, 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.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 09/26/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:35am 10:36am 10:37am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am
SUB TEST	.00	10:40am
AIR BLK	.00	10:41am

Reported AC: .00 g/2101

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 384
Test Date: 09/26/2008 Test Time: 10:42am 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	10:43am

Printer Tests

Status

Time

10:44am

Test

CAL

PRNT	Pass	10:44am
	CRC Tests	
Test	Status	Time
COMP	Dacc	10.44am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ler	
Instrument Ser	ial No. 008624 205 E. King St., Kinston, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of I	the 26 day of September, 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.
THE STATE OF THE S	Jell S. 1 643
	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 09/26/2008

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

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

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

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

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

Test

TCDC	9/2101	11110
DIAG	Pass	10.2000
DIAG	rass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
ATR BLK	.00	12:36pm

 $\alpha/210I_{1}$

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 331 Test Date: 09/26/2008 Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Status	Time
Pass	12:42pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:43pm

Preventive Maintenance Status: Pass

Analyst /

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>27</u> day of <u>SEPTEMPER</u> , 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.

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008647 Test Date: 09/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: 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	Pass .00 .07 .00	9:58pm 9:59pm 9:59pm 10:00pm
AIR BLK	.00	10:02pm
SUB TEST	.00	10:03pm
AIR BLK	.00	10:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008647 Test Record Number: 354 Test Date: 09/27/2008 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05pm
FLO	Pass	10:05pm
FC	Pass	10:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

Blank Tests

Test	Status	Time
AIR	Pass	10:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:06pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:06pm 10:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevent four months	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
rocedures w	on theday of
CTATE	
5/ AS 31/41	

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

Signature of Certifying Official

Certificate Number

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008707 Test Date: 09/27/2008

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

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

Subject's Sex: Male
Driver's License State: 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 AIR BLK SUB TEST	Pass .00 .07 .00 .00	8:35pm 8:36pm 8:37pm 8:38pm 8:38pm 8:39pm 8:40pm
AIR BLK	.00	8:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008707

Test Record Number: 181
Test Time: 8:43pm FDT

Test Date: 09/27/2008 Test Time: 8:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

Printer Tests

rest	Status	Time
PRNT	Pass	8:44pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:44pm
CAL	Pass	8:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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.
I certify that procedures w Department of	on the 27 day of SEPTEMBER, 20 B 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.

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008616 Test Date: 09/27/2008

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

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

Subject's Sex: Male
Driver's License State: 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 AIR BLK	Pass .00 .07 .00 .00	10:13pm 10:14pm 10:15pm 10:16pm 10:16pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10:19pm

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

EDGECOMBE COUNTY BAT MOBILE UNIT 3 320

Serial Number: 008616 Test Record Number: 325 Test Date: 09/27/2008

Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:21pm 10:21pm 10:21pm 10:21pm 10:21pm
		+ • . L + p

Blank Tests

Test	Status	Time
AIR	Pass	10:22pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location	SHP	BAT	UNIT
Instrument 5	Serial No. <u>008939</u>	· · · · · · · · · · · · · · · · · · ·	RAL	EIGH,	νC
The prevent four months	ive maintenance procedures for the	e Intoximeters, Model Intox E	EC/IR II to be	followed at	east once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the al degree centigrade;	coholic breat	h simulator tl	nermometer show
2.	Verify instrument displays ti	ime and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompt	ed;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;			•
7.	When "PLEASE BLOW" ap	opears, collect breath sample;			
8.	Print test record;			•	
9.	Verify Diagnostic Program;	and		**	
10.		unister is being changed befor nanged every four months or a			
	on the <u>25</u> day of <u>50</u> vere performed on the instrument in of Health and Human Services, and		e with current	going prevent t regulations o	ive maintenance of the N.C.
THE STATE OR AND THE STATE OF T		Rey Bangarature of Certifying Official	>		<u>LUB</u>

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

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Date: 09/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:33pm
AIR BLK	.00	2:34pm
ACCY CHK	.08	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929

Test Record Number: 55

Test Date: 09/25/2008

Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

me.
41pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:42pm
CAL	Pass	2:42pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	70Kp5 Instrument Location King Police Dept.
Instrument S	erial No. <u>008610 King</u> , N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 24 rul day of September, 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 OF THE S	Signature of Certifying Official Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 09/24/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:43am 11:44am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:48am
AIR BLK	.00	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

STOKES COUNTY KING PD 840

Test Record Number: 371 Serial Number: 008610 Test Time: 11:50am EDT Test Date: 09/24/2008

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

11:51am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / C	R54th Instrument Location FORSYTA Co.	
Instrument Seria	11 No. 008828 Destertion Center	
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that on the 29 day of September, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
OF THE STATE OF A PRINTED TO THE STATE OF TH	OBILITY CARDUMAN	

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008828 Test Date: 09/29/2008

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: 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:42pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:48pm
ATR BLK	. 00	12:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008828 Test Record Number: 60 Test Date: 09/29/2008 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:26pm 12:26pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:27pm 12:27pm 12:27pm 12:27pm 12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	orsyth Instrument Location FURSY & County
Instrument So	
The prevention 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.
	on the 24 day of September 20 OF 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.
CONTROL OF THE CONTRO	

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008660 Test Date: 09/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722602 Exp Date: 08/13/2009

Test

DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.08	2:10pm
AIR BLK	.00	2:11pm
SUB TEST	.00	2:12pm
ATD BIK	$\cap \cap$	2 · 13 mm

g/210L

Time

AIR BLK .00 2:13pm SUB TEST .00 2:14pm

AIR BLK .00 2:15pm

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

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

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Test Record Number: 372 Serial Number: 008660 Test Time: 2:17pm EDT Test Date: 09/24/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:17pm
FLO	Pass	2:17pm
FC	Pass	2:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
ΔTR	Pass	2 · 18pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:18pm 2:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Forsyth Instrument Locatio	n Forsyth County	
Instrument S	nt Serial No. <u>008659</u> <u>Detent</u>	ion Conter	
The preventi	entive maintenance procedures for the Intoximeters, Model Into	ox 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 sam	ple;	
7.	When "PLEASE BLOW" appears, collect breath sam	ple;	
8.	Print test record;	<i>∮</i>	
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before 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	hat on the day of 500 for , 2 es were performed on the instrument indicated above, in accordant of Health and Human Services, and the instrument is function		
SEE 12. I. SEE ALL OF	TATE OF TO PARTY TO P	Dean 642	

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

Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

> Serial Number: 008659 Test Date: 09/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass .00 .08 .00 .00	1:44pm 1:45pm 1:46pm 1:46pm 1:47pm 1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:49pm
11 T T T T T T T T T T T T T T T T T T		- · · · · ·

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Record Number: 447
Test Date: 09/24/2008 Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
\mathtt{BT}	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test

CAL

Status

Time

PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:53pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	DRSYTA Instrument Location Forsyll Co DETENTION
Instrument S	erial No. 008583 Instrument Location Forsyth Co LETEITINA Certain NC
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.
procedures v	on the 44 day of 5eptember, 20 OF 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.
Sittemania	



Signature of Certifying Official

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 09/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 805 Test Date: 09/24/2008 Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

1:13pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	· · · · · · · · · · · · · · · · · · ·
Instrument Ser	ial No. 008945 101 MAIN ST. NORLINA, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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	theO
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 09/05/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG723302 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.07	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
ATR BLK	. 00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Busse

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 51 Test Date: 09/05/2008 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	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAR	REN	Instrument Lo	cation WARREN	CO. JAIL
Instrument Seri	al No. <u>008793</u>	HWY 58	DARRENTON	, NC
The preventive four months are	maintenance procedures for the In	toximeters, Mode	el Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, ree centigrade;	or the alcoholic breath si	imulator 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" appear	ars, collect breath	sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
procedures were	the <u>OS</u> day of <u>SEA</u> performed on the instrument indicated and Human Services, and the	cated above, in ac	cordance with current re	ng preventive maintenance gulations of the N.C.
APRE 12. TIPE OF WAY TO STATE	Og. W. CAROUMA	Snuth		637
		ture of Certifying	Official	Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 09/05/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:35pm 12:36pm 12:37pm 12:38pm 12:38pm 12:39pm 12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 89 Test Date: 09/05/2008 Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
BT	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VAN			E.Co. SHERIFF'S DEPT
Instrument Seri	al No. <u>008937</u> <u>,</u>	156 CHURCH ST.	HENDERSON, NC
The preventive four months are	•	ximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		lic breath simulator thermometer shows
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.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	the day of EPT. e performed on the instrument indicated Health and Human Services, and the		the forgoing preventive maintenance th current regulations of the N.C. operly.
O'THE STATE OF NAV 20, 1775	SAROUM JUIS	re of Certifying Official	Certificate Number
	Signati	re of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 09/05/2008

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

Subject'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: AG723402 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:53pm 4:54pm 4:55pm
AIR BLK	.00	4:55pm
SUB TEST	.00	4:56pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:58pm
AIR BLK	.00	4:59pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Record Number: 134
Test Date: 09/05/2008 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	5:01pm
SRC	Pass	5:01pm
DET	Pass	5:01pm
BAR	Pass	5:01pm
BT	Pass	5:01pm

Blank Tests

Test	Status	Time
AIR	Pass	5:01pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County VA	Instrument Location VANCE CO. SHERIFF'S OFFICE	
Instrument Se	rial No. 008870 156 CHURCH ST. HENDERSON, AC	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures we	the OS day of SEPTEMBER, 20 OS the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	
STATE ON STATE OF THE STATE OF	Signature of Certifying Official Certificate Number	

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 09/05/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject'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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	4:54pm 4:55pm 4:55pm 4:56pm
SUB TEST	.00	4:57pm
AIR BLK SUB TEST	.00 .00	4:58pm 4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 09/05/2008 Test Record Number: 66
Test Time: 5:02pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pagg	5 · 04 m

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:04pm

5:04pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WAK	Instrument Location CCBI	
Instrument Seria	INO. 008651 330 S. SALISBURY ST. RALEIGH, NC	
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures were	he 29 day of SEPTEMBEZ, 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.	
One STATE OF N	Signature of Certifying Official Certificate Number	

WAKE COUNTY CCBI 910

Serial Number: 008651 Test Date: 09/29/2008

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: 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: AG723402 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:08pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm
SUB TEST	.00	1:13pm
ATR BLK	.00	1:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY CCBI 910

Serial Number: 008651 Test Record Number: 210 Test Date: 09/29/2008 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1 • 20pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:21pm 1:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	Instrument Location CCBT	
Instrument Se	rial No. 008615 330 S. SALISBURY ST. PALEKTI,	
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures we	on the	
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

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

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 09/29/2008

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:
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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	11:48am 11:50am
ACCY CHK	.07	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 672 Test Date: 09/29/2008 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56am 11:56am
FC	Pass	11:50am

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	11:57am

Printer Tests

Status

Test

PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58am 11:58am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	JAKE Instrument Location CCBI
Instrument Se	erial No. 008816 330 S. SAUSBURY ST, RAZEIKH
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 day of day of , 20 8 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 S	Signature of Certifying Official Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 09/29/2008

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:
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	11:36am 11:37am 11:38am 11:39am 11:40am 11:41am
SUB TEST	.00	11:42am
AIR BLK	.00	11:43am

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 597 Test Time: 11:46am EDT Test Date: 09/29/2008

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
BT	Pass	11:46am

Blank Tests

Test	Status	Time
AIR	Pass	11:47am

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W1	9KE	Instrument Location_	CCBI	
Instrument Seria	al No. <u>008686</u>	<u> 330 S</u>	SALISTURY	ST. Pote
The preventive four months are	maintenance 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 breath simulato	r 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.			
procedures were	the day of	cated above, in accorda	nce with current regulation	ventive maintenance ons of the N.C.
CONTROL STATE OF THE STATE OF T	Signa	ture of Certifying Office	<u> </u>	S & tificate Number

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 09/29/2008

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:
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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:29am 11:31am 11:31am 11:32am 11:32am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am

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

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 767
Test Date: 09/29/2008 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:38am
FLO	Pass	11:38am
FC	Pass	11:38am

Temperature Tests

Test	Status	Time
FC1	Pass	11:38am
SRC	Pass	11:38am
DET	Pass	11:38am
BAR	Pass	11:38am
BT	Pass	11:38am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

Status

Test

CAL

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

Time

11:39am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hel	Their Instrument Location SAT Mobile Unite
Instrument Serial	No. 008869 Shoskie
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of H	he
THE STATE OF ALL THE PARTY OF ALL THE PA	Signature of Certifying Official Certificate Number

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008869 Test Record Number: 71 Test Date: 09/19/2008 Test Time: 11:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:25pm
FLO	Pass	11:25pm
FC	Pass	11:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:25pm
SRC	Pass	11:25pm
DET	Pass	11:25pm
BAR	Pass	11:25pm
BT	Pass	11:25pm

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

'l'est	Status	Time
PRNT	Pass	11:26pm
C	RC Tests	
Test	Status	Time
COMP	Pass	11:26pm

11:26pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008869 Test Date: 09/19/2008

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:17pm 11:18pm 11:19pm
AIR BLK	.00	11:19pm
SUB TEST	.00	11:20pm
AIR BLK	.00	11:21pm
SUB TEST	.00	11:22pm
AIR BLK	.00	11:23pm

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

K.C.Mallar Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /4	11 Ford Instrument Location BAT Wholife Unit 6
Instrument Ser	ial No. 608939 Moskie
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. I certify that or procedures we	re 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.
O'NEL STAIF O'NE VAN TO 1775 AND 12. 1775 AND 12. 1776 AND 12. 1776	Signature of Certifying Official Certificate Number

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008939 Test Record Number: 93 Test Date: 09/19/2008 Test Time: 10:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:58pm 10:58pm
FC FC	rass Pass	10:58pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:59pm 10:59pm

Preventive Maintenance Status: Pass

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008939 Test Date: 09/19/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: 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	Pass .00 .07 .00	10:51pm 10:52pm 10:52pm 10:53pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
ATR BLK	.00	10:57pm

Reported AC: 1100 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. 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. 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 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.

Signature of Certifying Official

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008898 Test Record Number: 97 Test Date: 09/19/2008 Test Time: 11:10pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:11pm

Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008898 Test Date: 09/19/2008

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

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

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

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

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

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

Toct

lesc	9/2100	TIME
DIAG	Pass	11:00pm
AIR BLK	.00	11:01pm
ACCY CHK	.07	11:02pm
AIR BLK	.00	11:02pm
SUB TEST	.00	11:02pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:06pm

a/2101. Time

Reported AC: _.90 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O12	S/OW Instrument Location BATMobile Unit 6
	INO. 008898 Holly Ridge
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of , 20 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.
OF THE STATE OF AN	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Record Number: 93 Test Date: 09/12/2008 Test Time: 11:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15pm
FLO	Pass	11:15pm
FC	Pass	11:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

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

Preventive Maintenance Status: Pass

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008898 Test Date: 09/12/2008

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

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

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

Analyst's Name: 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	11:08pm 11:09pm 11:09pm 11:10pm 11:11pm
SUB TEST AIR BLK	.00 .00	11:13pm 11:14pm
1111 211		

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County C	nstown Instrument Location SAT Mobile Unit
Instrument Ser	ial No. 008869 Holly Ridge
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.
procedures wer	the day of 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Record Number: 69 Test Date: 09/12/2008 Test Time: 11:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:53pm
FLO	Pass	11:53pm
FC	Pass	11:53pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:53pm 11:53pm 11:53pm 11:53pm 11:53pm

Blank Tests

Test	Status	Time
AIR	Pass	11:54pm

Printer Tests

iest	Status	Time
PRNT	Pass	11:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:54pm 11:54pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

02/01/2008-02/01/2010

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC:

∜07 q/21.0L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County On	5/ocd Instrument Location BAT Mobile Unit
Instrument Seria	INO. 008939 Holly Ridge
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	heday of
STATE OF NO. 1775 NO.	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939

Test Record Number: 88

Test Date: 09/12/2008

Test Time: 11:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:33pm
SRC	Pass	11:33pm
DET	Pass	11:33pm
BAR	Pass	11:33pm
BT	Pass	11:33pm

Blank Tests

Test	Status	Time
AIR	Pass	11:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:34pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:34pm
CAL	Pass	11:34pm

Preventive Maintenance Status: Pass

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 09/12/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: 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	Pass .00 .07	11:22pm 11:23pm 11:23pm
AIR BLK	.00	11:24pm
SUB TEST	.00	11:24pm
AIR BLK	.00	11:25pm
SUB TEST	.00	11:27pm
AIR BLK	.00	11:28pm

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Janston Instrument Location BENSON Pacias
Instrument Seria	INO. 008885 Dept. BENSON 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 shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he <u>25</u> day of <u>SEPTEMBEQ</u> , 20 <u>D8</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.
CHESTATE OF AN CONTROL PRINTS	Signature of Certifying Official Certificate Number

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 09/25/2008

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

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

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

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

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

Test Type: Breath Test

Lot Number: 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	12:52pm 12:53pm 12:54pm 12:54pm 12:55pm 12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 59

Test Date: 09/25/2008

Test Time: 1:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:00pm
FLO	Pass	1:00pm
FC	Pass	1:00pm

Temperature Tests

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

Blank Tests

Test	Status	Time
ATR	Pass	1:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm

CRC Tests

Test	Status	Time
COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location JOHNSTON CO. JAIC
Instrument So	erial No. 008846 SmithFIED NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
THE STATE OF THE S	Signature of Certifying Official Certificate Number

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 09/25/2008

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:01pm 3:02pm 3:03pm 3:03pm 3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 247
Test Date: 09/25/2008 Test Time: 3:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
\mathtt{BT}	Pass	3:10pm

Blank Tests

Test	Status	Time
ATR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:11pm 3:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County T	pdell	Instrument Location_	Statesville	P. D.
Instrument Seria	1No. <u>008619</u>		1d St., States	sville
- ··· ··· ··· ··· ··· ··· ··· ·· ··· ··			- 340lo	· · · · · · · · · · · · · · · · · · ·
The preventive r four months are:	naintenance procedures for the Int	oximeters, Model Intox	EC/IR II to be followed at le	east once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		lcoholic breath simulator th	ermometer 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" appear	ars, collect breath sample	;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample	•	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.			
I certify that on the				
OF THE STATE OF IN	B. H.	Luj D. 1.0	illes 55	ate Number

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 09/23/2008

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: 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:17am 11:18am 11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

/010T TT

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis
Analyst

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Record Number: 167
Test Date: 09/23/2008 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:27am 11:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I V	Instrument Location I rede Co. S.D.
Instrument Seria	704-878-3131
The preventive refour 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.
	ne <u>33</u> day of <u>September</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE ONLY OF THE STATE OF THE	Bthy O. William 557 Signature of Certifying Official Certificate Number

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 234
Test Date: 09/23/2008 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	10:26am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

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

10:27am

Preventive Maintenance Status: Pass

Pass

CAL

Bobley O. Willis
Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 09/23/2008

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: 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: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG	Pass	10:18am
AIR BLK	.00	10:19am
ACCY CHK	.07	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:23am
ATR BLK	.00	10:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EÇ/IR II

County/	PENDER	Instrument Location_	PENDE	A Dept.
Instrument Se	erial No. <u>8946</u>		Sherri	45 Dept.
The preventive four months a	we maintenance procedures for the Intare:	oximeters, Model Intox I	EC/IR II to be folk	owed at least once every
1.	Verify the ethanol gas canister do 34 degrees, plus or minus .2 degrees.		coholic breath sin	nulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	urs, collect breath sample;	;	
7.	When "PLEASE BLOW" appea	urs, collect breath sample;	:	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
I certify that of procedures we Department of	on theday ofon theday ofon the ere performed on the instrument indice of Health and Human Services, and the	eated above, in accordance instrument is functioning	28 the forgoin the with current reg	g preventive maintenance gulations of the N.C.
OF CHANGE OF THE STATE OF THE S	Signat	Ling Welture of Certifying Officia	<u> 1</u>	6 34/ Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 178
Test Date: 09/11/2008 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:20pm 12:20pm

Preventive Maintenance Status: Pass

Ánalyst

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 09/11/2008

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: 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: AG722501 Exp Date: 08/12/2009

Test

TCDC	9/2101	TIME
DIAG	Pass	12:09pm
DIAG	rass	
AIR BLK	.00	12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

 $\alpha/2101$

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR