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

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 07/29/2008

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	10:39am 10:39am 10:40am
AIR BLK	.00	10:40am 10:41am 10:41am
SUB TEST AIR BLK	.00	10:42am
SUB TEST AIR BLK	.00 .00	10:43am 10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CARTERET COUNTY ATLANTIC BEACH PD 150

Test Record Number: 91 Serial Number: 008785 Test Time: 10:22am EDT Test Date: 07/29/2008

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:22am 10:22am
FC	Pass	10:23am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:23am

#### Printer Tests

CAL

Test	Status	Time
PRNT	Pass	10:23am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:23am

Pass

10:23am

Preventive Maintenance Status: Pass

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

County	INSTRUMENT LOCATION FORT BRAGE
Instrument Seri	al No. <u>008908</u> <u>LEC</u> ,
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of, 20 08 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.
OTHE STATE OF THE	

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

Signature of Certifying Official

Certificate Number

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 07/29/2008

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: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:28am 10:28am 10:29am 10:30am 10:30am 10:31am 10:33am
AIR BLK	.00	10:34am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND FORT BRAGG, LEC. 250

Serial Number: 008908

Test Record Number: 57
Test Time: 10:35am EDT

Test Date: 07/29/2008

Test Time. 10.33am 122

System Check: Passed

Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:37am
CAL	Pass	10:37am

Preventive Maintenance Status: Pass

Analyst

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

County Dov	e Instrument Location Dore ( 5.0 Hatters
Instrument Seria	INO. 008807 HO MonitorTrail, Hatteras NC.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of day o
OF THE STATE OF AN	Letter Letter Coll 3
	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 07/29/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:50pm 12:51pm
ACCY CHK	.07	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
ATR BLK	.00	12:57pm

Reported AC: 4.00 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

## DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Record Number: 85 Test Date: 07/29/2008 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
AIR	Pass	1:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:01pm 1:01pm

Preventive Maintenance Status: Pass

Analyst

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

County Hy	1 Instrument Location Hyde Co.	S.O. Ocracoke
Instrument Seri	Instrument Location Hyde Co.  al No. 208797 NC12, Ocra coke,	U.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	
	the <u>JHA</u> day of <u>JLA</u> , 20 <u>O</u> the forgo performed on the instrument indicated above, in accordance with current dealth and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
OF THE STATE OF A	CORNEL CAROLINA TOLLA SALVENTO	<u>643</u>
	Signature of Certifying Official	Certificate Number

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 07/29/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:14am 11:15am 11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am

/0107

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 71 Test Date: 07/29/2008 Test Time: 11:23am EDT

System Check: Passed

Baseline Tests

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

# Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:24am

#### Printer Tests

Status

Time

Test

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

Preventive Maintenance Status: Pass

Analyst

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

County Hy	le	Instrument L	ocation Hyde Co.	Sheviffs Of
Instrument Seri	al No. <u>008801</u>	1223 M	lain Sty Swar	2 Quarter, N.
The preventive four months are	maintenance procedures for the In	toximeters, Mo	del 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 pressur gree centigrade;	e, or the alcoholic breath s	imulator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect bre	nth sample;	
7.	When "PLEASE BLOW" appe	ears, collect brea	ath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being ch nged every four	anged before expiration da months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
I certify that or procedures we Department of	n the <u>08</u> day of	licated above, in	, 20  the forgon accordance with current is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF STA	To Dig	nature of Certif	ying Official	€ 43 Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 07/28/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:54am 11:55am 11:56am 11:57am 11:57am
SUB TEST AIR BLK	.00	11:59am 12:01pm

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801

Test Record Number: 61

Test Date: 07/28/2008

Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:04pm

# Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass Pass	12:04pm 12:04pm 12:04pm 12:04pm 12:04pm
$\mathtt{BT}$	rass	12.04Pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:04pm 12:04pm

Preventive Maintenance Status: Pass

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

County	BRUNSWICK Instrument Location Oak Island
Instrument	Serial No. 8648 Police DEPE
The preven four month	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on theday of
STATE OF OLD STATE OLD STATE OF OLD STATE OF OLD STATE OF OLD STATE OLD STATE OF OLD STATE OLD STATE OF OLD STATE OLD ST	Signature of Certifying Official Certificate Number
	, , , , ,

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 07/22/2008

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 406
Test Date: 07/22/2008 Test Time: 1:24pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:24pm
FLO	Pass	1:24pm
FC	Pass	1:25pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
${ t BT}$	Pass	1:25pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:25pm
CAL	Pass	1:25pm

Preventive Maintenance Status: Pass

Analyst

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

County	DARE	Instrumen	Location DARE O	o. Dero	J775N	CLNTER
Instrument	Serial No. 00 8804	1044	Driftwood	DR., M	MNIED,	<u>N.</u> C.
The prevent	ntive maintenance procedures for the I	ntoximeters, M	odel Intox EC/IR II to	be followed at	least once ev	егу
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			eath simulator (	thermometer s	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 br	eath sample;			
7.	When "PLEASE BLOW" appe	ears, collect br	eath sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; an	d				
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.					
I certify that procedures Department	at on the <u>29+4</u> day of <u>J</u> were performed on the instrument ind t of Health and Human Services, and t	icated above, i	, 20 28 the fin accordance with currist functioning properly	forgoing prever ent regulations	ntive mainten of the N.C.	ance
STATE OF STA	NE or NO THE CAROLINA THE PARTY OF THE PARTY	r. XI	New	۷.	•47	
	Sign	ature of Certif			cate Number	_

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 07/29/2008

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: AG722802 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:32pm 12:33pm 12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

lines A. Keesl

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 137
Test Date: 07/29/2008 Test Time: 12:41pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:42pm
SRC	Pass	12:42pm
DET	Pass	12:42pm
BAR	Pass	12:42pm
BT	Pass	12:42pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	DARE Instrument Location DARE Co. Deten	non Cente
Instrumen	ent Serial No. 008783 1044 Deift wood Dr. Ma	4760, N.C.
The preve	ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at Inths are:	east once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	ermometer 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 al simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	
I certify the procedure Departme	that on the day of day of 2008 the forgoing preventes were performed on the instrument indicated above, in accordance with current regulations tent of Health and Human Services, and the instrument is functioning properly.	tive maintenance of the N.C.
A CORPAY STATE OF THE CORP	STATE OF NORTH CARD	
All and the Colonial Colonia C		477
	Signature of Certifying Official Certific	ate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 07/29/2008

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: AG722701 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:35pm 12:35pm 12:36pm 12:37pm 12:38pm 12:38pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinea. Leese
Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 72 Test Date: 07/29/2008 Test Time: 12:43pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:43pm
FLÖ	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
$\mathtt{BT}$	Pass	12:43pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

#### Printer Tests

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

Pass

12:44pm

Preventive Maintenance Status: Pass

CAL

Inis A. Keese
Analyst

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

County	Deax	Instrument Location Kill A	revil Hills	P. D.
Instrumen	nt Serial No. <u>008844</u>	102 TOWN HAI	Day Kill	Beil Hills,
The preve	entive maintenance procedures for the In	itoximeters, Model Intox EC/IR II	to be followed at least	once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the alcoholic begree centigrade;	oreath simulator thern	nometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expirat ged every four months or after 125	tion date, or the alcoh Alcoholic Breath Sir	olic breath nulator tests,
I certify th procedures Departmen	at on theday of s were performed on the instrument indi nt of Health and Human Services, and th	cated above, in accordance with cue instrument is functioning proper	e forgoing preventive arrent regulations of the	maintenance he N.C.
COREAT SECTION OF THE CONTRACT	ATE OF NORTH CAROLINA			
A CONTRACTOR OF THE PARTY OF TH		inda heest		47
	Signa	ture of Certifying Official	Certificate	Number

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 07/29/2008

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: AG722701 Exp Date: 08/14/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	1:36pm 1:37pm
ACCY CHK	.07	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 150 Test Date: 07/29/2008 Test Time: 1:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:47pm
FLO	Pass	1:47pm
FC	Pass	1:47pm

# Temperature Tests

Status	Time
Pass	1:47pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status Tim	Time
AIR	Pass	1:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:48pm 1:48pm

Preventive Maintenance Status: Pass

Analyst

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

County Ch.	oway	Instrument Location	Thousand Co.	Pustic spley
Instrument Seria	Il No. <u>00 88 95</u>	305 W. FR	CEMASON S	T. Felenton,
The preventive r four months are:		ne Intoximeters, Model Intox E	C/IR II to be followed	d at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alc degree centigrade;	oholic breath simula:	tor thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	•		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample;		
7.	When "PLEASE BLOW" a	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		anister is being changed before hanged every four months or a		
I certify that on t procedures were Department of H	he day of day of ealth and Human Services, an	indicated above, in accordance d the instrument is functioning	the forgoing properly.	eventive maintenance ions of the N.C.
THE STATE OF NO.	ALCUMA CAROUMA			
Canna	Si	gnature of Certifying Official		ertificate Number

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 07/30/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:16am
AIR BLK	.00	11:17am
ACCY CHK	.08	11:17am
AIR BLK	.00	11:18am
SUB TEST	.00	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 70 Test Date: 07/30/2008 Test Time: 11:26am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:27am 11:27am
FC	Pass	11:27am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
BT	Pass	11:27am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:28am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:28am
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:28am 11:28am

Preventive Maintenance Status: Pass

Analyst

Analyst

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

County	raston	Instrument Location Belym	ent PD		
Instrument Se	erial No. <u>008733</u>				
		704-825-3792			
The preventive four months a	<del>-</del>	he Intoximeters, Model Intox EC/IR II to	be followed at least once every		
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ster displays pressure, or the alcoholic bre 2 degree centigrade;	ath simulator thermometer shows		
2.	Verify instrument displays	time and date;			
3.	Initiate breath test sequence	e;			
4.	Enter information as promp	pted;			
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.		canister is being changed before expiratio changed every four months or after 125 A			
		t indicated above, in accordance with currend the instrument is functioning properly.			
THE STATE OF THE PERSON OF THE	Modern Constitution of the	Signature of Certifying Official	Certificate Number		

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 07/25/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

EITECLIVE:

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	1:37pm 1:38pm
ACCY CHK AIR BLK	.07 .00	1:38pm 1:39pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 112 Test Date: 07/25/2008 Test Time: 1:46pm EDT

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

#### Printer Tests

Test	Status	TTILLE
PRNT	Pass	1:47pm
	CRC Tests	

TI i ma

Test	Status	Time
COMP	Pass	1:47pm
CAL	Pass	1:47pm

Preventive Maintenance Status: Pass

Analyst

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

County Ga	ston Instrument Location Gaston County SD		
Instrument Seria	1 No. 008706 425 N. Marietta Street, Gastonia		
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 <u>J54h</u> day of <u>July</u> , 20 <u>O8</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		

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Date: 07/25/2008

Citation Number: M0000000-0

Subject's Name:

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	12:49pm 12:50pm
ACCY CHK	.07	12:51pm
AIR BLK	.00	12:51pm
SUB TEST	.00	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706 Test Record Number: 202 Test Date: 07/25/2008 Test Time: 12:58pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:58pm 12:58pm
FC	Pass	12:58pm

# 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

rest	Status	Time
AIR	Pass	12:59pm

#### Printer Tests

Status Time

Test

PRNT	Pass	12:59pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:59pm 12:59pm

Preventive Maintenance Status: Pass

Analyst

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

County Go	Instrument Location Gaston County SD		
Instrument Seria	al No. 008643 425 N. Marietta Street, Gastonia		
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.		
procedures were	the <u>J54h</u> day of <u>July</u> , 20 <u>08</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
OF STATE OF MAN 20. 177	Signature of Certifying Official Certificate Number		

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 07/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	12:24pm 12:24pm
ACCY CHK	.07	12:25pm
AIR BLK	.00	12:26pm <b>12:26pm</b>
SUB TEST AIR BLK	.00 .00	12:20pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 07/25/2008 Test Time: 12:33pm EDT

Test Record Number: 167

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	12:33pm 12:33pm 12:33pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:33pm 12:33pm 12:33pm 12:33pm 12:33pm
BT	Pass	12:33pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:34pm 12:34pm

Preventive Maintenance Status: Pass

Analyst

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

County	Gaston	Instrument Location Gaste	on County SD	
Instrument	Serial No. <u>008684</u>	425 N. Marietta	Street Gastonia	
		704 - 369 - 6800		
The prevent		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	ster displays pressure, or the alcoholic begree centigrade;	preath simulator thermometer show	
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	<b>;</b> ;		
4.	Enter information as promp	oted;		
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;			
9.	Verify Diagnostic Program	; and		
10.		canister is being changed before expirate changed every four months or after 125		
procedures	•	the instrument is functioning proper	_	
STA INTO SECULAR SECUL	TE ON OFFICE AROUND A STATE OF THE STATE OF	Signature of Certifying Official	Certificate Number	

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 07/25/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:03pm 12:04pm
ACCY CHK AIR BLK	.07 .00	12:05pm 12:06pm
SUB TEST	.00	12:06pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 07/25/2008

Test Record Number: 440 Test Time: 12:11pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:13pm

Preventive Maintenance Status: Pass

Pass

12:13pm

CAL

Analyst

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

County_Cle	veland Instrument Location Cleveland Gunty SD		
Instrument Seria	1No. 008887 100 Justice Pl., Shelby 704-484-4888		
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.		
I certify that on the			
OTH STATE OF NO.	Signature of Certifying Official Certificate Number		

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Date: 07/24/2008

Citation Number: M0000000-0 Subject's Name:

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

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

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

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Record Number: 44 Test Date: 07/24/2008 Test Time: 10:11am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:12am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Cle	veland Instrument Location Kings Mtn PD
Instrument Seria	11 No. 00 8900 112 5. Piedmont Are, Kings Mtn 704-734-0444
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 to procedures were Department of H	he 24th day of 30/4, 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.
OTHE STATE OF N	Signature of Certifying Official Certificate Number

### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 07/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	1:12pm 1:13pm 1:14pm 1:14pm 1:16pm 1:17pm 1:18pm 1:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Analyst

Rev. 12/2007

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Record Number: 44 Test Date: 07/24/2008 Test Time: 1:21pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:21pm
FLO	Pass	1:21pm
FC	Pass	1:21pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:21pm
SRC	Pass	1:21pm
DET	Pass	1:21pm
BAR	Pass	1:21pm
BT	Pass	1:21pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:22pm 1:22pm

Preventive Maintenance Status: Pass

Analyst

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

County	CHATHAM Instrument Location SILER CTY POLICE DEPT.
Instrument	Serial No. 008811 SILER City, NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
SE S	

CHATHAM SILER CITY PD. 180

Serial Number: 008811 Test Date: 07/17/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:24pm 5:25pm
ACCY CHK	.07	5:25pm
AIR BLK	.00	5:26pm
SUB TEST	.00	5:27pm
AIR BLK	.00	5:28pm
SUB TEST	.00	5:29pm
AIR BLK	.00	5:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHATHAM SILER CITY PD. 180

Serial Number: 008811 Test Record Number: 124
Test Date: 07/17/2008 Test Time: 5:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:32pm
FLO	Pass	5:32pm
FC	Pass	5:32pm

#### Temperature Tests

Status	Time
Pass	5:32pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	5:33mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:33pm
	CRC Tests	
Test	Status	Time

1000	Deacus	TIME
COMP	Pass	5:33pm
CAL	Pass	5:33pm

Preventive Maintenance Status: Pass

Analyst

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

County 1	UAKE	Instrument Location	n CCEI	
Instrument Se	rial No. <u>008615</u>	330 5.	SAUSBUR	4 ST. PLACK
The preventiv	re maintenance procedures for the I	ntoximeters, Model Into	ox EC/IR II to be fol	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		e alcoholic breath si	mulator 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	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.			
procedures we	on the 30 day of 500 d	icated above, in accord	ance with current re	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	Sign	ature of Certifying Offi	cial	Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008615 Test Date: 07/30/2008

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:

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	12:41pm 12:42pm 12:42pm 12:43pm 12:44pm 12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:47pm

Reported AC: 00 g/210th

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CCBI 910

Serial Number: 008615 Test Record Number: 498
Test Date: 07/30/2008 Test Time: 12:50pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:50pm
SRC	Pass	12:50pm
DET	Pass	12:50pm
BAR	Pass	12:50pm
BT	Pass	12:50pm

#### Blank Tests

Test	Status	Time
ATR	Pass	12:51pm

#### Printer Tests

Test

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

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE	Instrument Location	CCBI	· · .
Instrumen	t Serial No. <u>00</u> 8816	330 S. S	SALISOM	ST. PARK
The preve	ntive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the a degree centigrade;	ilcoholic breath simu	llator thermometer shows
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	<del>}</del> ;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before hanged every four months or		
procedures	at on the day of s were performed on the instrument at of Health and Human Services, an	indicated above, in accordan	ice with current regul	preventive maintenance lations of the N.C.
LES SET SET SET SET SET SET SET SET SET S	AII or Nogh	ignature of Certifying Offici		652 Certificate Number

WAKE COUNTY CCBI 910

Serial Number: 008816 Test Date: 07/30/2008

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 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	Pass .00 .07	12:13pm 12:14pm 12:14pm 12:15pm
AIR BLK SUB TEST	.00 .00	12:16pm
AIR BLK SUB TEST	.00 <b>.00</b>	12:17pm 12:18pm
AIR BLK	.00	12:19pm

Reported, AC,: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY CCBI 910

Serial Number: 008816 Test Record Number: 396 Test Date: 07/30/2008 Test Time: 12:20pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:21pm 12:21pm 12:21pm 12:21pm 12:21pm

#### 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

Pass

12:21pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

NC

County	UAKE	Instrument Lo	cation	CCBI		<del></del>
Instrument S	erial No. <u>00 86 86</u>	330	5, 5	SACUS BURY	57	PALEKH
The preventi four months	ve maintenance procedures for the In	toximeters, Mode	el Intox E0	C/IR II to be follow	ed at least o	nce every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, gree centigrade;	or the alc	oholic breath simul	ator thermor	neter shows
2.	Verify instrument displays time	and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	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.	ter is being chang ged every four mo	ed before onths or at	expiration date, or ter 125 Alcoholic I	the alcoholi Breath Simu	c breath lator tests,
certify that oncedures we Department o	on the day of or the day of day of or the ere performed on the instrument indices of Health and Human Services, and the	cated above, in ace instrument is fu	, 20 <u></u> cordance nctioning	the forgoing p with current regula properly.	reventive ma	aintenance N.C.
TO THE STATE OF TH	TO THE STATE OF TH	Oem	$\overline{\mathcal{O}}$	<del>s</del> f	5 <del>53</del> 3	
	Signa	ure of Certifying	Official		ertificate Nu	mber

WAKE COUNTY CCBI 910

Serial Number: 008686 Test Date: 07/30/2008

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: 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		
AIR BLK . ACCY CHK . AIR BLK . SUB TEST . AIR BLK . SUB TEST .	Pass 00 07 00 <b>00</b> 00 <b>00</b>	12:12pm 12:13pm 12:13pm 12:14pm 12:15pm 12:16pm 12:17pm 12:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY CCBI 910

Serial Number: 008686 Test Record Number: 566
Test Date: 07/30/2008 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	12:20pm

#### 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

Analyst

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

County	Inst	rument Location_	CCRI		
Instrument Ser	rial No. <u>008836</u> 3	30 <u>s</u>	SALKRILY	ST PALFKH	ł
The preventive four months ar	re maintenance procedures for the Intoxime	ters, Model Intox	EC/IR II to be follo	wed at least once every	
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cer	s pressure, or the ntigrade;	alcoholic breath sim	ulator thermometer shows	}
2.	Verify instrument displays time and da	ite;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;			1	
6.	When "PLEASE BLOW" appears, co	llect breath samp	le;		
7.	When "PLEASE BLOW" appears, co	llect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is l simulator solution is being changed ev whichever occurs first.	being changed be very four months	fore expiration date, or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,	,
procedures we	on the 30 day of 5014 were performed on the instrument indicated of Health and Human Services, and the inst	above, in accorda	ance with current reg	g preventive maintenance gulations of the N.C.	•
STATE OF THE STATE	CAROLINI	) Ait		652	
	Signature of	of Certifying Offi	icial	Certificate Number	

WAKE COUNTY CCBI 910

Serial Number: 008826 Test Date: 07/30/2008

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:
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	Pass .00 .07	12:40pm 12:41pm 12:41pm
AIR BLK	.00	12:42pm
SUB TEST AIR BLK	.01 .00	12:43pm 12:44pm
SUB TEST AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY CCBI 910

Serial Number: 008826 Test Record Number: 523 Test Date: 07/30/2008 Test Time: 12:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:48pm
FLO	Pass	12:48pm
FC	Pass	12:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:48pm
SRC	Pass	12:48pm
DET	Pass	12:48pm
BAR	Pass	12:48pm
BT	Pass	12:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:49pm

Pass

12:49pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County WX	AKE	Instrument Location	on	py,	PD	<del></del>
Instrument Seria	al No. <u>00 8587</u>	120 L	ack in Sin	AUE,	CHY	<u>, N</u> C
The preventive r	maintenance procedures for the Into:	ximeters, Model In	tox EC/IR II to	be followe	d at least once	every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		he alcoholic bro	eath simula	tor thermomete	r shows
2.	Verify instrument displays time ar	nd date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appears	s, collect breath sar	nple;			
7.	When "PLEASE BLOW" appears	s, collect breath sar	nple;			
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 d every four montl	before expirations or after 125	on date, or Alcoholic E	the alcoholic b Breath Simulato	reath or tests,
procedures were	the So day of Soly e performed on the instrument indicated the and Human Services, and the	ited above, in accor	dance with cur	rent regula:	eventive main tions of the N.6	tenance 3.
THE STATE OF MAN TO THE STATE OF THE	Control of the second s	O A LUC	fficial		6 Solerificate Num	her

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 07/30/2008

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:
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 B <b>L</b> K	Pass	2:03pm 2:04pm
ACCY CHK	.07	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Record Number: 572
Test Date: 07/30/2008 Test Time: 2:10pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:11pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
BT	Pass	2:11pm

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	2 • 1 1 rom

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:11pm

2:11pm

Preventive Maintenance Status: Pass

Pass

CAL

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	RANdolph Instrument Location ARCHOLAGE PD
Instrume	nt Serial No. OC8791 AROLDANE, N.C.
The prevenue four mon	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the 29+k day of John , 2008 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
GREAT SE	Signature of Certifying Official  Certificate Number

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 07/29/2008

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 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

DIAG PAS AIR BLK .00 ACCY CHK .07 AIR BLK .00 SUB TEST .00 SUB TEST .00 AIR BLK .00 AIR BLK .00	1:32pm 1:32pm 1:33pm 1:33pm 1:35pm 1:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Record Number: 103 Test Date: 07/29/2008 Test Time: 1:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:38pm
FLO	Pass	1:38pm
FC	Pass	1:38pm

#### Temperature Tests

Status	Time
Pass	1:38pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:39pm
CAL	Pass	1:39pm

Preventive Maintenance Status: Pass

Analyst

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

County /	OCKINGHAM Instrument Location MAdison PD
Instrument S	Serial No. 008802 Instrument Location MAdison P.C.
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 23 rd day of 10/y 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

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

Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 07/23/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:46pm 3:47pm 3:47pm 3:48pm
SUB TEST	.00	3:49pm
AIR BLK SUB TEST	.00 .00	3:49pm <b>3:51pm</b>
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sean

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 97

Test Date: 07/23/2008

Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

#### Printer Tests

Test

Status Time

PRNT	Pass	3:55pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:55pm CAL Pass 3:55pm

Preventive Maintenance Status: Pass

Analyst

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

County X	OCKINGHAM	Instrument Location Reckey	CHAM CO. JA! 1
Instrument Se	erial No. <u>008 796</u>	Wentuo	phh, N.C.
The preventive four months a		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, or the alcoholic bredegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiratio anged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures w	ere performed on the instrument in	, 20 CE the foodicated above, in accordance with current the instrument is functioning properly.	ent regulations of the N.C.
CREATE STATE OF THE CONTROL OF THE C	CAROLINI CAROLI	Sharing Made	64Z Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

> Serial Number: 008796 Test Date: 07/23/2008

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: DEAN, LARRY K
Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 127
Test Date: 07/23/2008 Test Time: 2:14pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:15pm

Pass

2:15pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County Re	Kingham Instrument Location Eden P.D.
Instrument Seria	al No. 008636 Eden, N.C.
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 MAN 12. THE STATE	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 07/23/2008

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: DEAN, LARRY K

Permit Number: 11598E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:37pm 12:38pm 12:39pm 12:40pm 12:40pm 12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 442
Test Date: 07/23/2008 Test Time: 12:44pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:45pm
FLO	Pass	12:45pm
FC	Pass	12:45pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:46pm 12:46pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Roc	KINGHAM Instrument Location Reidsville PD
, , , , , , , , , , , , , , , , , , ,	INO. 008784 Rodsville, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 23 sd day of 1/4, 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.
TO THE STATE OF A TOTAL TO THE STATE OF THE STATE OF T	Signature of Certifying Official Certificate Number

### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Record Number: 97 Test Date: 07/23/2008 Test Time: 10:49am EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1 . SRC DET BAR BT	Pass Pass Pass Pass Pass	10:50am 10:50am 10:50am 10:50am 10:50am

## Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Status

### Printer Tests

Test

CAL

PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:50am

Pass

Time

10:50am

Preventive Maintenance Status: Pass

Analyst

## ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 07/23/2008

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: DEAN, LARRY K
Permit Number: 11598E
Effective:

12/01/2007-12/01/2009

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

Lot Number: AG722601-07

Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	10:37am 10:37am 10:38am 10:39am 10:39am 10:40am 10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Leave

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

County / R	Instrument Location BAT MObile Unit 2
Instrument Seria	INO. 608736 Franklinton
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of H	he 25 day of July, 2007 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. 2017	Signature of Certifying Official Certificate Number

FRANKLIN COUNTY BAT MOBILE UNIT 2 340

Serial Number: 008736 Test Date: 07/25/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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: AG723401 Exp Date: 08/21/2009

AIR BLK .00 9:11pm ACCY CHK .07 9:12pm AIR BLK .00 9:13pm SUB TEST .00 9:13pm AIR BLK .00 9:14pm	Test	g/210L	Time
AIR BLK .00 9:16pm	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	.00 .07 .00 .00	9:11pm 9:11pm 9:12pm 9:13pm 9:13pm 9:14pm 9:15pm 9:16pm

Reported AC: \_\_,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### FRANKLIN COUNTY BAT MOBILE UNIT 2 340

Serial Number: 008736 Test Record Number: 129 Test Date: 07/25/2008 Test Time: 9:23pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO FC	Pass Pass	9:24pm 9:24pm
	1 0 5 5	7.4 <b>T</b> PIII

## Temperature Tests

Status	Time
Pass	9:24pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	9.25pm

### Printer Tests

9:25pm

CAL

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:25pm

Preventive Maintenance Status: Pass

Pass

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

County	ZANKLin Instrument Location BAT MOLITE Unit 2
Instrument Seri	al No. 008601 Franklinton
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.
l certify that on procedures wer Department of	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.

### FRANKLIN COUNTY BAT MOBILE UNIT 2 340

Serial Number: 008601 Test Date: 07/25/2008

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

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

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

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

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

Lot Number: 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	9:21pm 9:22pm 9:22pm 9:23pm 9:25pm 9:25pm 9:27pm
AIR BLK	.00	9:28pm

Reported AC: / g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## FRANKLIN COUNTY BAT MOBILE UNIT 2 340

Serial Number: 008601 Test Record Number: 463 Test Date: 07/25/2008 Test Time: 9:32pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:32pm
FLO	Pass	9:32pm
FC	Pass	9:32pm

## Temperature Tests

Status	Time
Pass	9:32pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	9:33pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:33pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:33pm

9:33pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County	Onslow Instrument Location Bat Mobile Units
Instrument S	Gerial No. 008736 Swansbord
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.
I certify that procedures v Department	on the 24 day of July, 2007 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

ONSLOW COUNTY BAT MOBILE UNIT 2 660

Serial Number: 008736 Test Date: 07/26/2008

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: 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: 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 .08 .00 .00 .00	11:18pm 11:19pm 11:20pm 11:20pm 11:21pm 11:22pm 11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY BAT MOBILE UNIT 2 660

Serial Number: 008736 Test Record Number: 133 Test Date: 07/26/2008 Test Time: 11:25pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

FC1 Pass 11:26p
SRC Pass 11:26p
DET Pass 11:26p
BAR Pass 11:26p
BT Pass 11:26p

### 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

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

County	ns/ow Instrument Location BAT Mobile Un
Instrument Se	rial No. 009601 Swanshord
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.
certify that on procedures were Department of I	the <u>JG</u> day of <u>JG/4</u> , 20 of the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 2 660

Serial Number: 008601 Test Date: 07/26/2008

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: 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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CH AIR BLK SUB TES AIR BLK	IK .07 .00 I <b>T .00</b>	11:29pm 11:30pm 11:31pm 11:32pm 11:32pm
SUB TES		11:34pm
AIR BLK	.00	11:35pm

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ONSLOW COUNTY BAT MOBILE UNIT 2 660

Serial Number: 008601 Test Record Number: 468
Test Date: 07/26/2008 Test Time: 11:36pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:37pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:37pm 11:37pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Alamance Instrument Location BAT MOBILE UNIT 3
Instrumer	nt Serial No. 008707 ELON, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this 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.
l certify tha procedures Department	at on the
STATE OF STA	
	Signature of Certifying Official Certificate Number

### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008707 Test Date: 07/25/2008

ì

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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	Pass .	9:46pm
AIR BLK	.00	9:47pm
ACCY CHK	.07	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:49pm
AIR BLK	.00	9:50pm
SUB TEST	.00	9:51pm
AIR BLK	.00	9:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008707 Test Date: 07/25/2008

Test Record Number: 117
Test Time: 9:56pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

SRC Pass 9:57pr			
BAR Pass 9:57pm	I I I	ass ass ass	9:57pm 9:57pm 9:57pm 9:57pm 9:57pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

### Printer Tests

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

rest	Status	Time
COMP	Pass	9:58pm
CAL	Pass	9:58pm

Preventive Maintenance Status: Pass

Anaivst

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

County	ALAMANCE Instrument Location BAT MOBILE UNIT 3
Instrument :	Serial No. 008616 ELON, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 o procedures we Department of	on the
STATE OF THE STATE	A CAROLLINA CARO
TOSE QUAN VIDEN	Signature of Certifying Official Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008616 Test Date: 07/25/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:13pm 10:14pm 10:15pm 10:15pm
AIR BLK	.00	10:17pm
SUB TEST	.00	10:18pm
AIR BLK	.00	10 · 19 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

## ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008616

Test Record Number: 282

Test Date: 07/25/2008

Test Time: 10:20pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	10:20pm
FLO	Pass	10:20pm
FC	Pass	10:20pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

## Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:21pm 10:21pm

Preventive Maintenance Status: Pass

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

County_	Instrument Location BATMOBILE UNIT
Instrument S	erial No. 008647 ELON, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or procedures we Department of	n the
OF MESTATE OF THE STATE OF THE	Celu R Bans 648
	Signature of Certifying Official Certificate Number

### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Date: 07/25/2008

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

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

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

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Date: 07/25/2008

Test Record Number: 307 Test Time: 10:11pm EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status Time	Time
AIR	Pass	10:12pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:12pm

CAL

Analyst

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

County	LINCOLN	Instrument Location_	BAT MOBILE UNIT:
Instrument !	Serial No. <u>008707</u>		BAT MOBILE UNIT : LINCOLNTON, NC
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the a degree centigrade;	clooholic breath simulator thermometer show
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; as	nd	
10.	Verify that the ethanol gas car simulator solution is being chawhichever occurs first.	nister is being changed befor anged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the 26 day of 50 day of 10 day of	dicated above, in accordance the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C.
STATE IN SO ITS	SAROLLI CAROLLI CAROLL	0 0	
ESE QUAN VIO		Kay/Sa-	2 648
	Sigr	nature of Certifying Official	Certificate Number

LINCOLN COUNTY BAT MOBILE UNIT 3:540

Serial Number: 008707 Test Date: 07/26/2008

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: BARNES, ALVIN R
Permit Number: 15671E
Effective:

12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celuly Buns Analyst

LINCOLN COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008616 Test Date: 07/26/2008

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: 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

g/210L	Time
Pass .00 .07	3:10pm 3:11pm 3:12pm
.00	3:13pm
.00	3:13pm
.00	3:14pm
.00	3:15pm
.00	3:16pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celuly Buns Analyst

## LINCOLN COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008616 Test Date: 07/26/2008

Test Record Number: 285
Test Time: 3:17pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:18pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Statue	Time

Test	Status	Time
COMP	Pass	3:19pm
CAL	Pass	3:19pm

Preventive Maintenance Status: Pass

Analyst

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

County	LINCOLN Instrument Location BAT MOBILE // NIT
Instrument	Serial No. 008647 Instrument Location BAT MOBILE UNIT
The prevent	tive 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 or procedures we Department of	on the
OF THE STATE OF THE PARTY OF TH	
FOR PLAN VIDE	Signature of Certifying Official Certificate Number

LINCOLN COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008647 Test Date: 07/26/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:54pm
ACCY CHK	.00	2:55pm 2:56pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	ma00:8

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### LINCOLN COUNTY BAT MOBILE UNIT 3 540

Serial Number: 008647 Test Date: 07/26/2008

Test Record Number: 309

78 Test Time: 3:01pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:01pm 3:01pm 3:01pm 3:01pm
BT	Pass	3:01pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County_	MECKLENBURG	Instrument Location_	BATMOBILE UNIT 3
Instrument S	Serial No. <u>008647</u>		BATMOBILE UNIT 3 CHARLOTTE, NC
The prevent four months	tive maintenance procedures for the Inte	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 a	coholic breath simulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;	·	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	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 befor d every four months or	e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department o	on the	- , 20 <u></u> , 20 <u>c</u> ted above, in accordance instrument is functionin	the forgoing preventive maintenance with current regulations of the N.C. g properly.
THE STATE OF THE OPEN TO THE O	(lluxa	Bens	648
	Signatu	e of Certifying Official	Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 07/24/2008

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: BARNES, ALVIN R Permit Number: 15671E

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

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:27pm 5:28pm 5:29pm
AIR BLK	.00	5:30pm
SUB TEST	.00	5:30pm
AIR BLK	.00	5:31pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ahalyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 07/24/2008

Test Record Number: 300 Test Time: 5:34pm EDT

System Check: Passed

### Baseline Tests

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

## Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	5:36pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:36pm
CAL	P <b>a</b> ss	5:36pm

Preventive Maintenance Status: Pass

Anialyst

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

County_//	ECKLENBURG Instrument Location BATMOBILE UNIT
Instrument Se	PECKLENBURG Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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.
certify that on procedures were Department of I	the
THE STATE OF	ON H CAROLINA
THE CLUM VIDES	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/24/2008

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: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	5:51pm 5:52pm
ACCY CHK	.07	5:52pm
AIR BLK	.00	5:53pm
SUB TEST	.00	5:54pm
AIR BLK	.00	5:55pm
SUB TEST	.00	5:56pm
AIR BLK	.00	5:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 07/24/2008 Test Record Number: 277 Test Time: 5:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:58pm
FLO	Pass	5:58pm
FC	Pass	5:58pm

### Temperature Tests

Test St	atus	Time
SRC Pa	SS	5:58pm 5:58pm 5:58pm 5:58pm 5:58pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:59pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:59pm
	CRC Tests	·
Test	Status	Time
COMP	Pass	5:59pm

Preventive Maintenance Status: Pass

Pass

5:59pm

CAL

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

Rev. 12/2007

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

County	MECKLENBURG Instrument Location BAT MOBILE UNIT
Instrumer	MECKLENBURG Instrument Location BAT MOBILE UNIT 3  ont Serial No. 008707 CHARLOTTE, NC
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.,	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
TEST 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.

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707 Test Date: 07/24/2008

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: 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	Pass	5:04pm
AIR BLK	.00	5:05pm
ACCY CHK	.07	5:06pm
AIR BLK SUB TEST	.00	5:07pm <b>5:08pm</b>
AIR BLK	.00	5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 111

Test Date: 07/24/2008

Test Time: 5:12pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

### Temperature Tests

Test	Status	Time
SRC I DET I BAR I	Pass Pass Pass Pass	5:13pm 5:13pm 5:13pm 5:13pm 5:13pm

#### Blank Tests

Test	Status	Time .
AIR	Pass	5:13pm

### Printer Tests

rest	Status	Time
PRNT	Pass	5:13pm

### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	5:14pm

Preventive Maintenance Status: Pass

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

County	PITT	Instrument Location_	847 M	BILE LENT \$
Instrument	t Serial No. <u>008698</u>	<u>.</u>	Vinten	litte
The prever	ntive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the a degree centigrade;	alcoholic breath s	simulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample	<b>)</b> ;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed befo anged every four months or	ore expiration dat after 125 Alcoho	e, or the alcoholic breath olic Breath Simulator tests,
I certify tha procedures Department	were performed on the instrument in tof Health and Human Services, and	, 20 dicated above, in accordance, the instrument is functioning	the forgoing with current responding properly.	ng preventive maintenance egulations of the N.C.
AMADO SEPTIME OF THE STATE OF T	TE ON OR HE CARD			
- willing	Sig	sh 6 7/70 nature of Certifying Officia	<u> </u>	Certificate Number
			-	TITIONS TANISINGS

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

### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Record Number: 180
Test Date: 07/03/2008 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO	Pass	9:51pm
FC	Pass	9:51pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

### Blank Tests

Test	Status	Time	
AIR	Pass	9:52pm	

### Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:52pm 9:52pm

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Date: 07/03/2008

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

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

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

Analyst's Name: 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

Toot

Test	9/21011	TTIIIC
DIAG	Pass	10:26pm
	rass	
AIR BLK	.00	10:27pm
ACCY CHK	.07	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:29pm
SUB TEST	.00	10:31pm
*****	0.0	
AIR BLK	.00	10:32pm

a/2101. Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location BAT MOBILE CENT #5
Instrument Ser	ial No. 008788 Winstowille
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF THE S	Slephan 6 7/10 fact 636
	Signature of Certifying Official Certificate Number

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

### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788

Test Record Number: 69

Test Date: 07/03/2008

Test Time: 9:45pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	9:46pm 9:46pm 9:46pm 9:46pm
$\mathtt{BT}$	Pass	9:46pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:47pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:47pm
CAL	Pass	9:47pm

Preventive Maintenance Status: Pass

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Date: 07/03/2008

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

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

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

Analyst's Name: 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	10:13pm 10:14pm 10:15pm 10:16pm 10:16pm 10:17pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County	NASH	Instrument Location Bat Mossice levit
Instrument	Serial No. 008788	
The prever four month		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	ster displays pressure, or the alcoholic breath simulator thermometer shows 2 degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	)* **
4.	Enter information as promp	ted;
5.	Verify instrument accuracy	
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.		canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
	were performed on the instrument	the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
STATE CHEAT OF THE COLOR OF THE CHEAT OF THE		7775-X 631

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

Signature of Certifying Official

Certificate Number

### NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008788 Test Record Number: 72 Test Date: 07/04/2008 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:16pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:16pm
SRC	Pass	10:16pm
DET	Pass	10:16pm
BAR	Pass	10:16pm
BT	Pass	10:16pm

### Blank Tests

Test	Status	Time
ATR	Pass	10:16pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:17pm 10:17pm

Preventive Maintenance Status: Pass

Analyst

NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008788 Test Date: 07/04/2008

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: 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	Pass .00 .07	10:26pm 10:27pm 10:28pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
ATR RIK	. 00	10:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Klofen

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

County	NASH	Instrument Location BAT MIRELE LENT #3
Instrument S	Serial No. <u>008698</u>	
The prevent four months	ive maintenance procedures f are:	for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas of 34 degrees, plus or min	canister displays pressure, or the alcoholic breath simulator thermometer shows us .2 degree centigrade;
2.	Verify instrument display	ays time and date;
3.	Initiate breath test seque	ence;
4.	Enter information as pro	ompted;
5.	Verify instrument accur	асу;
6.	When "PLEASE BLOW	V" appears, collect breath sample;
7.	When "PLEASE BLOW	V" appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Progr	am; and
10.	Verify that the ethanol g simulator solution is bei whichever occurs first.	gas canister is being changed before expiration date, or the alcoholic breath ng changed every four months or after 125 Alcoholic Breath Simulator tests,
certify that orocedures we Department of	ere performed on the instrum	the forgoing preventive maintenance tent indicated above, in accordance with current regulations of the N.C. s, and the instrument is functioning properly.
STATE IN STATE OF THE STATE OF	ARO SAN TO SAN THE SAN	

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

### NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008698 Test Record Number: 183
Test Date: 07/04/2008 Test Time: 10:19pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:19pm
FLO FC	Pass Pass	10:19pm 10:19pm
T C	Labb	TO.T25m

### Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
$\mathtt{BT}$	Pass	10:19pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

### Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:20pm 10:20pm

Preventive Maintenance Status: Pass

Analyst

NASH COUNTY BAT MOBILE UNIT 5 630

Serial Number: 008698 Test Date: 07/04/2008

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: 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	Pass	10:28pm 10:29pm
ACCY CHK	.07	10:30pm
AIR BLK	.00	10:31pm
SUB TEST AIR BLK	.00 .00	10:31pm 10:32pm
SUB TEST	.00	10:34pm
AIR BLK	.00	10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County NE	w HANOVER	Instrument Location Bath	ADBILE UNITHO
Instrument Se	rial No. <u>00 8-788</u>	WILMING	270~
The preventiv		eximeters, 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	splays pressure, or the alcoholic breatl ee centigrade;	n simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration of ed every four months or after 125 Alc	
I certify that of procedures we Department of	n the 5 day of 5 day	2, 20 5 the for ated above, in accordance with current instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
THE STATE OF THE SECOND	Repl	ure of Certifying Official	Certificate Number

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

### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008788 Test Record Number: 78 Test Date: 07/05/2008 Test Time: 11:22pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:23pm
SRC	Pass	11:23pm
DET	Pass	11:23pm
BAR	Pass	11:23pm
BT	Pass	11:23pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:24pm

Time

11:24pm

### Printer Tests

Test

CAL

PRNT	Pass	11:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:24pm

Status

Preventive Maintenance Status: Pass

Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008788 Test Date: 07/05/2008

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: 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	Pass	11:27pm
AIR BLK	.00	11:28pm
ACCY CHK	.07	11:28pm
AIR BLK	.00	11:29pm
SUB TEST	.00	11:30pm
AIR BLK	.00	11:31pm
SUB TEST	.00	11:32pm
AIR BLK	.00	11:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

County_	NEW HANDUGE Instrument Location BAT MUSICE CENIT #
Instrume	nt Serial No. 008698 Wilming Ton
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	hat on the
CREAT SEA	TATE ON NO BELLEVILLE OF THE CARD OF THE C

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

Signature of Certifying Official

Certificate Number

### NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008698 Test Record Number: 194
Test Date: 07/05/2008 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	Pass	11:26pm
DET	Pass Pass	11:26pm 11:26pm
BAR	Pass	11:26pm
BT	Pass	11:26pm

### Blank Tests

Test	Status	Time
AIR	Pass	11:27pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 5 640

Serial Number: 008698 Test Date: 07/05/2008

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: 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	11:30pm 11:31pm 11:31pm 11:32pm
SUB TEST	.00	11:33pm
AIR BLK	.00	11:34pm
SUB TEST	.00	11:35pm
ATR BLK	.00	11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	LENOIR	Instrument Location	T mobile levito
Instrument S	Serial No. 008785	K.	NSTON
The prevent	ive maintenance procedures for the are:	e Intoximeters, Model Intox EC/IR 1	I to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic degree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expir anged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
certify that on cocedures we Department o	ere performed on the instrument in	dicated above, in accordance with of the instrument is functioning proper	the forgoing preventive maintenance current regulations of the N.C.
THE STATE OF THE S	CAROLI CAROLI	16. Tilora X	1 6≥£

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

Signature of Certifying Official

Certificate Number

LENOIR COUNTY BAT MOBILE UNIT 5 530

Serial Number: 008788 Test Date: 07/11/2008

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: 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 SUB TEST	Pass .00 .07 .00 .00	8:59pm 8:59pm 9:00pm 9:01pm <b>9:02pm</b> 9:02pm <b>9:04pm</b>
AIR BLK	.00	9:05pm

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### LENOIR COUNTY BAT MOBILE UNIT 5 530

Serial Number: 008788 Test Date: 07/11/2008

Test Record Number: 80
Test Time: 8:52pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:53pm
		_
FC	Pass	8:53pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8:53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:53pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:53pm
	CRC Tests	
Test	Status	Time

rest	Status	TIME
COMP	Pass	8:54pm
CAL	Pass	8:54pm

Preventive Maintenance Status: Pass

Scrib 6. 74050

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

County	Lewoin	Instrument Location Ba	NOTON
Instrument	Serial No. <u>0086 98</u>	K.	ustod
The prevent	tive maintenance procedures for the Int	toximeters, Model Intox EC/IR I	II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic ree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" 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 expired every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures w Department o	on theday of vere performed on the instrument indic of Health and Human Services, and the	ated above, in accordance with	the forgoing preventive maintenance current regulations of the N.C. erly.
AMERICA SESTING OF SES	07/6	ure of Certifying Official	Certificate Number

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

LENOIR COUNTY BAT MOBILE UNIT 5 530

Serial Number: 008698 Test Date: 07/11/2008

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: 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	8:56pm
AIR BLK	.00	8:56pm
ACCY CHK	.07	8:57pm
AIR BLK	.00	8:58pm
SUB TEST	.00	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	.00	9:01pm
ATR BLK	.00	9:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### LENOIR COUNTY BAT MOBILE UNIT 5 530

Serial Number: 008698 Test Record Number: 198
Test Date: 07/11/2008 Test Time: 8:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:51pm 8:51pm
FC	Pass	8:51pm

### Temperature Tests

Test	Status	Time
FC1	Pass	8:51pm
SRC	Pass	8:51pm
DET	Pass	8:51pm
BAR	Pass	8:51pm
BT	Pass	8:51pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:52pm

### Printer Tests

Test	Status	Time
PRNT	Pass	8:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:52pm

Preventive Maintenance Status: Pass

Pass

8:52pm

CAL

Analyst

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

County	wake	Instrument Location_	BAT MOBILE COUT #5	
Instrument !	Serial No		CAM	
The prevent four months	tive maintenance procedures for the In	ntoximeters, 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	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 canisi simulator solution is being chang whichever occurs first.	ter is being changed befor ged every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
I certify that opposed ures we Department o	on the 35 day of 120 d	cated above, in accordance instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. g properly.	
THE STATE IN THE STATE OF THE S		6° 711=82	X 636	
	Signat	ure 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: 008788 Test Date: 07/25/2008

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: 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	Pass .00 .07	11:32pm 11:33pm 11:34pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:35pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:38pm
AIR BLK	.00	11:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 83 Test Date: 07/25/2008 Test Time: 11:55pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56pm 11:56pm
FC	Pass	11:56pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:56pm
SRC	Pass	11:56pm
DET	Pass	11:56pm
BAR	Pass	11:56pm
BT	Pass	11:56pm

## Blank Tests

Test	Status	Time
AIR	Pass	11:57pm

## Printer Tests

Test	Status	Time
PRNT	Pass	11:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:57pm 11:57pm

Preventive Maintenance Status: Pass

Analyst

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

County	WAKE	Instrument Location	But modice lant 5
Instrumer	nt Serial No. <u>00 8698</u>	<del></del>	CANY
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 o		alcoholic breath simulator thermometer shows
2.	Verify instrument displays til	me 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 samp	le;
7.	When "PLEASE BLOW" ap	pears, collect breath samp	le;
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.			fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
	at on the 25 day of 7 day of 1		the forgoing preventive maintenance nce with current regulations of the N.C. ing properly.
S S S S S S S S S S S S S S S S S S S		L 6 71	
	Sig	nature of Certifying Offic	ial 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: 008698 Test Date: 07/25/2008

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: 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	11:32pm 11:33pm 11:33pm 11:35pm 11:35pm 11:36pm 11:37pm
AIR BLK	.00	11:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 201 Test Date: 07/25/2008 Test Time: 11:41pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	11:42pm
FLO	Pass	11:42pm
FC	Pass	11:42pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:42pm
SRC	Pass	11:42pm
DET	Pass	11:42pm
BAR	Pass	11:42pm
BT	Pass	11:42pm

## Blank Tests

Test	Status	Time
ΔTR	Pagg	11 · 43 m

## Printer Tests

Test	Status	Time
PRNT	Pass	11:43pm
	CRC Tests	
Tect	Statue	Time

lest	Status	TIME
COMP CAL	Pass Pass	11:43pm 11:43pm
CUT	rass	11.42bm

Preventive Maintenance Status: Pass

Analyst

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

County /c.	incey	Instrument Location Vancey  Burnsvil	Co. Juil
Instrument S	Serial No. <u>865 3</u>	Bunsvil	le inc
The preventifour months	ive maintenance procedures for the Intox are:	imeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration dat levery four months or after 125 Alcohol	
	on the 28 day of 5999 were performed on the instrument indicate of Health and Human Services, and the in		ng preventive maintenance gulations of the N.C.
TATE STATE OF THE	CAROLLI CAROLL		649
	Signature	e of Certifying Official	Certificate Number

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 07/28/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.07	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:45pm
ATR BLK	.00	3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Record Number: 458
Test Date: 07/28/2008 Test Time: 3:48pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3:49pm
BAR	Pass	3:49pm
$\mathtt{BT}$	Pass	3:49pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:50pm

Preventive Maintenance Status: Pass

Pass

CAL

3:50pm

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

County	aldwell Instrument Location Caldwell Co. Jail
Instrument Se	erial No. 9803 Lenoir, 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.
	on the
THE STATE OF THE S	1 Salar 1. S 649
	Signature of Certifying Official Certificate Number

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

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 07/25/2008

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	2:52pm 2:53pm 2:54pm 2:55pm 2:55pm 2:56pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Record Number: 92 Test Date: 07/25/2008 Test Time: 3:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:02pm 3:02pm
FC	Pass	3:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:02pm
SRC	Pass	3:02pm
DET	Pass	3:02pm
BAR	Pass	3:02pm
$\mathtt{BT}$	Pass	3:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	mqE0:E

## Printer Tests

Test	Status	Time
PRNT	Pass	3:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:03pm
CAL	Pass	3:03pm

Preventive Maintenance Status: Pass

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

County Co	Instrument Location Caldwell Co. Jail
Instrument Se	rial No87/9 Leaoir, NC
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
STATE OF STA	100 Jan 100 100 100 100 100 100 100 100 100 10
	Signature of Certifying Official Certificate Number

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

## CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Record Number: 153 Test Date: 07/25/2008 Test Time: 2:58pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:58pm 2:58pm
FC	Pass	2:59pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:59pm

Pass

2:59pm

Preventive Maintenance Status: Pass

CAL

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008719 Test Date: 07/25/2008

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

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

County Mad	Instrument Location Mays Hill P.D.
Instrument Seria	INO. 8599 Mars Hill INC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the // day of July, 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.
OF 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.

MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Date: 07/16/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722502 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:30pm 2:31pm 2:32pm 2:33pm
SUB TEST	.00	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## MADISON COUNTY MARS HILL PD 560

Serial Number: 008599 Test Record Number: 262
Test Date: 07/16/2008 Test Time: 2:47pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:49pm

Preventive Maintenance Status: Pass

Pass

2:49pm

Analyst

CAL

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

County <u>//</u>	adison	Instrument Location	ars Hill	20
Instrument Se	rial No. <u>8582</u>		ars Hill	, NC
The preventiv	•	for the Intoximeters, Model Intox EC/IR	II to be followed	d at least once every
1.		canister displays pressure, or the alcohonus .2 degree centigrade;	lic breath simula	or thermometer shows
2.	Verify instrument displ	lays time and date;		
3.	Initiate breath test sequ	ience;		
4.	Enter information as pr	rompted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Prog	gram; and		
10.		gas canister is being changed before ex- eing changed every four months or after		
		ment indicated above, in accordance wites, and the instrument is functioning pro		eventive maintenance ions of the N.C.
O'NE STATE	CAROLINA AL			649
		Signature of Certifying Official	Ce	rtificaté Number

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 07/16/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.07	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:33pm
ATR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Record Number: 443
Test Date: 07/16/2008 Test Time: 2:50pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:50pm
FLO	Pass	2:50pm
FC	Pass	2:50pm

## Temperature Tests

Status	Time
Pass	2:51pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:51pm
	CRC Tests	
Test	Status	Time

Pass

Pass

2:51pm

2:51pm

Preventive Maintenance Status: Pass

COMP

CAL

Avaluat

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

County B	unicombe Instrument Location BAT Mobile Unit 4
Instrument S	Serial No. <u>00 8734</u>
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.
	on the 25 day of 3, 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.
ONE 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.

## BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Record Number: 105 Test Date: 07/25/2008 Test Time: 4:09pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	4:10pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

4:10pm

Analyst

#### BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Date: 07/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:01pm 4:02pm 4:03pm 4:04pm 4:04pm 4:05pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County 2	uncombe Instrument Location BAT Mobile Unit 4
Instrument S	Gerial No. 00 873 4
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>RCH</u> day of <u>Tuly</u> , 2008 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.
STATE STATE OF WAT 10, 177  OF	Con Ottomore OC SO COST

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

Signature of Certifying Official

Certificate Number

## BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Record Number: 109 Test Date: 07/26/2008 Test Time: 5:32pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:32pm
FLO	Pass	5:32pm
FC	Pass	5:33pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	5:33pm 5:33pm 5:33pm 5:33pm
BT	Pass	5:33pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:33pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:34pm 5:34pm

Preventive Maintenance Status: Pass

Analyst

## BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008734 Test Date: 07/26/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	5:23pm 5:24pm 5:24pm 5:25pm
SUB TEST	.00	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	.00	5:28pm
AIR BLK	.00	5:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County B	uncombe Instrument Location BAT Mobile Unit 4
Instrument S	Serial No. <u>OO 8717</u>
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.
procedures w	on the 25 <sup>++</sup> day of 7008, 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

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

## BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008717 Test Record Number: 76
Test Date: 07/25/2008 Test Time: 3:59pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:00pm
FLÖ	Pass	4:00pm
FC	Pass	4:00pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
ATR	Pass	4:00pm

## Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

## BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008717 Test Date: 07/25/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	3:48pm 3:49pm 3:49pm 3:50pm 3:50pm
AIR BLK	.00	3:51pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm

-Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County <u>B</u>	uncombe Instrument Location 34T Mobile Unit 4
Instrument S	erial No. <u>OO8717</u>
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
THE STATE OF THE PARTY OF THE P	Services of the services of th

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

Signature of Certifying Official

Certificate Number

## BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008717 Test Record Number: 80 Test Date: 07/26/2008 Test Time: 5:27pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	5:27pm
FLO	Pass	5:27pm
FC	Pass	5:28pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	5:28pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:29pm 5:29pm

Preventive Maintenance Status: Pass

Analyst

BUNCOMBE COUNTY BAT MOBILE UNIT 4 100

Serial Number: 008717 Test Date: 07/26/2008

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	5:19pm 5:20pm 5:20pm 5:21pm 5:22pm 5:23pm 5:24pm
AIR BLK	.00	5:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County 6	Instrument Location Speens bore PD.
Instrument Seria	INO.008604 Greensboro, 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 7/L day of J/Y, 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.
CALL OF STATE OF THE OF	Atrin Daw 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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008604 Test Date: 07/09/2008

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: AG723301-24 Exp Date: 08/20/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	1:43pm 1:44pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008604 Test Record Number: 416
Test Date: 07/09/2008 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	1:52pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:53pm

Pass

1:53pm

Preventive Maintenance Status: Pass

CAL

A. Hun Disn Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_C	instrument Location Greensheve PD		
Instrument Serie	ai No. 008725 Greensbore, N.C.		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the			
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.

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 07/09/2008

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: AG722502-1 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	2:10pm
AIR BLK ACCY CHK	.00 .07	2:11pm 2:11pm
AIR BLK	.00	2:12pm
SUB TEST	.00	2:13pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
ATR BLK	.00	2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 193 

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
BT	Pass	2:19pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:19pm

Preventive Maintenance Status: Pass

Pass

2:19pm

CAL

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

County 50	11tord Instrument Location Greensbore Jail
Instrument Seria	100.008790 GREENSBOIL, N.C.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he, 20
STATE OF ALL TO 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.

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 07/09/2008

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: 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	3:00pm 3:01pm 3:01pm 3:02pm 3:03pm 3:04pm 3:05pm
AIR BLK	.00	3:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 264
Test Date: 07/09/2008 Test Time: 3:07pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:08pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:09pm

Preventive Maintenance Status: Pass

Pass

CAL

Anglyst

3:09pm

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

County <u></u>	rial No. 008794 Eveens box N.C.
Instrument Ser	rial No. 008794 Eveens beve, N.C.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
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 1944 day of 100 da
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 07/09/2008

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: AG722503-27 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	3:31pm
AIR BLK ACCY CHK	.00 .07	3:32pm 3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
ATR BIK	- 00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 223
Test Date: 07/09/2008 Test Time: 3:40pm EDT

System Check: Passed

### Baseline Tests

Status	Time
Pass	3:41pm
Pass	3:41pm
Pass	3:41pm
	Pass Pass

### Temperature Tests

Test	Status	Time
FC1	Pass	3:41pm
SRC	Pass	3:41pm
DET	Pass	3:41pm
BAR	Pass	3:41pm
BT	Pass	3:41pm

### Blank Tests

Test	Status	Time
ATR	Pass	3:42rpm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:42pm

Pass

3:42pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County (	Suilford Instrument Location HIGH Point JAIL
Instrument Ser	ial No. 008655 HIGH Point, N.C.
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 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
STATE OF STA	CAROLLI CONTROLLI CONTROLL
* QUAM VIDE	Sylvallean 642
	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 07/09/2008

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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	4:47pm
AIR BLK	.00	4:48pm
ACCY CHK	.07	4:48pm
AIR BLK	.00	4:49pm
SUB TEST	.00	4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:52pm
ATR BLK	. 00	4:53 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 239
Test Time: 4:55pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:55pm
FLO	Pass	4:55pm
FC	Pass	4:55pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:55pm
SRC	Pass	4:55pm
DET	Pass	4:55pm
BAR	Pass	4:55pm
BT	Pass	4:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:56pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:56pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:56pm
CAL	Pass	4:56pm

Preventive Maintenance Status: Pass

Analyst

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

County S	wilterd Instrument Location HIGH Point JAIL
Instrument Seri	al No. 0087/8 High Point, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 7+4 day of 7/4, 20 08 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Date: 07/09/2008

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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG	Pass	5:05pm
AIR BLK	.00	5:06pm
ACCY CHK	.07	5:07pm
AIR BLK	.00	5:07pm
SUB TEST AIR BLK	.00	<b>5:08pm</b> 5:09pm
SUB TEST	.00	5:10pm
AIR BLK	.00	5:11pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008718 Test Date: 07/09/2008

Test Record Number: 65 Test Time: 5:12pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:13pm
FLO	Pass	5:13pm
FC	Pass	5:13pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:13pm
SRC	Pass	5:13pm
DET	Pass	5:13pm
BAR	Pass	5:13pm
BT	Pass	5:13pm

### Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:14pm
CAL	Pass	5:14pm

Preventive Maintenance Status: Pass

Analyst

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

County R	DWAN Instrument Location SAlisbury PD.
Instrument Serie	al No. OOS835 Instrument Location DANS bury N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF MANY 20, 1773 AND 18 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.

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 07/16/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	12:13pm 12:14pm
ACCY CHK	.07	12:15pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:18pm
AIR BLK .	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 39 Test Date: 07/16/2008 Test Time: 12:21pm EDT

System Check: Passed

### Baseline Tests

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

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

Status Time

Preventive Maintenance Status: Pass

Analyst

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

County	ROWAN Instrument Location SA/IShURY PD
Instrumen	Instrument Location SA /IShury PD  Serial No. 008868 SA /IShury, N.C.
The preve	ntive 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 she 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that procedures Departmen	at on the, 20
AND SESTING SE	TEONOR LON 647
	Signature of Certifying Official Certificate Number

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 07/16/2008

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

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

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

Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective:

12/01/2007-12/01/2009

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Leun Jeon Analyst

### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 50 Test Date: 07/16/2008 Test Time: 1:07pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
ATR	Pass	1 • 0.8pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:08pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:09pm

1:09pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

County Gye	ene Instrument Location Greene (0.5.0.			
Instrument Seria	al No. 008670 301 N. Greene St. Snow Hil, N.			
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;			
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.			
I certify that on the				
OT THE STATE OF TH	Signature of Certifying Official Certificate Number			

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 07/10/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:58am 10:59am 10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 554
Test Date: 07/10/2008 Test Time: 11:05am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:05am 11:05am
FC	Pass	11:06am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:06am 11:06am 11:06am 11:06am 11:06am

### Blank Tests

Test	Status	Time
AIR	Pass	11:06am

### Printer Tests

Test

CAL

		•
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:07am

Status

Time

11:07am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Was	Instrument Location U	<u> «этијаи (а. э.О. —</u>
Instrument Seria	INO. 008829 Addres St., PI	yourth, N.C.
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before e simulator solution is being changed every four months or afte whichever occurs first.	
	he day of	
THE STATE OF ANY TO THE ST	Signature of Certifying Official	

### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 07/11/2008

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: 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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:39pm 2:40pm 2:41pm 2:41pm 2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:44pm
AIR BLK	.00	2:45pm

Reported AC: .00 g/210b

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

## WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 45 Test Date: 07/11/2008 Test Time: 2:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:47pm 2:47pm
FC	Pass	2:47pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:47pm 2:47pm 2:47pm 2:47pm 2:47pm
Di	rass	∠:4/piii

### Blank Tests

Test	Status	Time
AIR	Pass	2:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:48pm
	CRC Tests	
Test	Status	Time

rest	Status	Time
COMP	Pass	2:48pm
CAL	Pass	2:48pm

Preventive Maintenance Status: Pass

Analyst

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

County ////	
Instrument Seria	1 No. 008902 402 Main St., Columbia, N.C.
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	Signature of Certifying Official Certificate Number

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Date: 07/09/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test

1686	9/2101	TIME
DIAG	Pass	11:36am
AIR BLK	.00	11:37am
ACCY CHK	.08	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
AIR BLK	.00	11:40am
SUB TEST	.00	11:41am
AIR BLK	.00	11:42am

a/210T

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

v Analys

### TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902 Test Record Number: 40 Test Date: 07/09/2008 Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:44am
SRC	Pass	11:44am
DET	Pass	11:44am
BAR	Pass	11:44am
BT	Pass	11:44am

### Blank Tests

Test	Status	Time
AIR	Pass	11:44am

### Printer Tests

Test

CAL

Status

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

Time

11:44am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Boo	auf.t	Instrument Location_	Bellr.ven	Police	De, A,
Instrument Se	rial No. <u>00 8 92 8</u>	Belhoven, A	<u> 10 </u>		
The preventive four months a	e maintenance procedures for the re:	Intoximeters, Model Intox	EC/IR II to be foll	owed at least o	nce every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath sir	nulator thermoi	neter shows
2.	Verify instrument displays tin	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sample	e;		
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;		
8.	Print test record;				
9.	Verify Diagnostic Program; as	nd			
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.				
I certify that or procedures we Department of	n the day of day of free performed on the instrument in f Health and Human Services, and	dicated above, in accordanthe instrument is function	the forgoin nce with current reg ing properly.	g preventive m sulations of the	aintenance N.C.
STATE OF THE STATE	NORTH CAROLINA	oli S.L.	a I	10 V.	2

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

Signature of Certifying Official

Certificate Number

### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 07/08/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:40pm 2:40pm 2:41pm 2:42pm <b>2:42pm</b>
AIR BLK	.00	2:42pm 2:43pm
SUB TEST	.00	2:46pm
AIR BLK	.00	2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 07/08/2008

Test Record Number: 41
Test Time: 2:48pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
FLO	Pass	2:48pm
FC	Pass	2:48pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
DET	Pass	2:48pm
BAR	Pass	2:48pm
BT	Pass	2:48pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	

rest	Status	111116
COMP	Pass	2:49pm
CAL	Pass	2:49pm

Preventive Maintenance Status: Pass

Analyst

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

County_	Instrument Location BAT Mobile 4nit
Instrument S	Gerial No. <u>008736</u>
The preventi four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of, 20_8 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
	Signature of Certifying Official Certificate Number

PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008736 Test Date: 07/12/2008

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: AG723401 Exp Date: 08/21/2009

Test g/210L Time

DIAG	Pass	10:24pm
AIR BLK	.00	10:25pm
ACCY CHK	.08	10:26pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
AIR BLK	.00	10:31pm

Reported AC: .00/9/2101/

Signature of Chemical Analyst

Court CVR

### PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008736 Test Record Number: 122 Test Date: 07/12/2008 Test Time: 10:32pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:33pm
FLÖ	Pass	10:33pm
FC	Pass	10:33pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

### Blank Tests

Test	Status	Time
ATR	Pass	10.33mm

### Printer Tests

Status

PRNT	Pass	10:33pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:34pm 10:34pm

Time

Preventive Maintenance Status: Pass

Analyst

Test

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~	\ \ INTOXIMETERS, MODEL INTOX EC/IR II
County_	Instrument Location BAT Mobile Unit
Instrument Se	erial No. 008601 Greenville PA
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	the / day of Jally , 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.
STATE OF THE STATE OF THE OF THE STATE OF TH	Signature of Certifying Official  Certificate Number

## PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008601 Test Record Number: 459
Test Date: 07/12/2008 Test Time: 10:39pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	10:39pm
FLO	Pass	10:39pm
FC	Pass	10:40pm

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:40pm

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008601 Test Date: 07/12/2008

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: AG723401 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:32pm 10:33pm 10:33pm 10:34pm 10:35pm
SUB TEST	.00	10:37pm
AIR BLK	.00	10:38pm

Reported AC:

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	New Hanover Instrument Location BAT M.b. le Unit
Instrument Se	rial No. 008736 Wrightowille Beach
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	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.

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 2 640

> Serial Number: 008736 Test Date: 07/11/2008

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: 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: 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 .08 .00 .00 .00	11:01pm 11:02pm 11:03pm 11:04pm 11:04pm 11:05pm 11:07pm
AIR BLK	.00	11:08pm

Reported AC: 70 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

### NEW HANOVER COUNTY BAT MOBILE UNIT 2 640

Serial Number: 008736 Test Record Number: 116 Test Date: 07/11/2008 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

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II New Hanover Instrument Location SAT Mobile Unit 2 Instrument Serial No. 06860/ Wright Wille Beach The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade: 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_\_\_\_\_, 20 0 the forgoing preventive maintenance I certify that on the day of 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

NEW HANOVER COUNTY BAT MOBILE UNIT 2 640

> Serial Number: 008601 Test Date: 07/11/2008

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: 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: 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	11:09pm 11:10pm 11:11pm 11:12pm 11:12pm 11:14pm
AIR BLK	.00	11:15pm

Reported AC: .00 gr/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

### NEW HANOVER COUNTY BAT MOBILE UNIT 2 640

Serial Number: 008601 Test Record Number: 453 Test Date: 07/11/2008 Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

### Temperature Tests

Test	Status	Time
FC1	Pass	11:17pm
SRC	Pass	11:17pm
DET	Pass	11:17pm
BAR	Pass	11:17pm
BT	Pass	11:17pm

#### Blank Tests

rest	Status	Time
AIR	Pass	11:18pm

#### Printer Tests

Test

PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:18pm 11:18pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

ے County	STOKES Instrument Location BATMOBILE UNIT	3
Instrument Se	erial No. <u>008647</u> WALNUT COVE, NC	
The preventive four months as	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once evenue:	гу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer st 34 degrees, plus or minus .2 degree centigrade;	10W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
I certify that on procedures were Department of H	the 12 day of 3027, 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.	ce
THE STATE OF A STATE O	alu Ry Bong 648	
	Signature of Certifying Official Certificate Number	

### STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008647 Test Date: 07/12/2008

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

g/210L	Time
Pass	9:27pm
	9:28pm
	9:29pm
	9:30pm
.00	9:30pm
.00	9:31pm
.00	9:33pm
.00	9:34pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008647 Test Record Number: 298
Test Date: 07/12/2008 Test Time: 9:37pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:38pm
FLO	Pass	9:38pm
FC	Pass	9:38pm

### Temperature Tests

Status	Time
Pass	9:38pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

### Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm

### CRC Tests

Test	Status	Time
COMP	Pass	9:39pm
CAL	Pass	9:39pm

Preventive Maintenance Status: Pass

Analyst

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

County 5	TOKES Instrument Location BAT MOBILE UNIT 3
Instrument Serie	Instrument Location BAT MOBILE UNIT 3  al No. 008707 WALNUT COVE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he 12 day of Joly, 20 08 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE CHEAT OF THE STATE OF THE S	alu Ray Bene 648

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

Signature of Certifying Official

Certificate Number

### STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008707 Test Date: 07/12/2008

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 SUB TEST	Pass .00 .08 .00	8:40pm 8:41pm 8:41pm 8:42pm 8:43pm
AIR BLK SUB TEST AIR BLK	.00 .00	8:43pm 8:45pm 8:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst =

### STOKES COUNTY BAT MOBILE UNIT 3 840.

Serial Number: 008707

Test Record Number: 104 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:51pm 8:51pm
		-
FC	Pass	8:51pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:51pm 8:51pm
DET	Pass	8:51pm
BAR BT	Pass	8:51pm
ъτ	Pass	8:51pm

### Blank Tests

Test	Status	Time
AIR	Pass	8:51pm

### Printer Tests

Test	Status	Time	
PRNT	Pass	8:52pm	

### CRC Tests

Test	Status	Time
COMP	Pass	8:52pm
CAL	Pass	8:52pm

Preventive Maintenance Status: Pass

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

County A	rokee Instrument Location Cherokee Co. Jail
Instrument Seri	al No. 008622 Murphy, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of, 20 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.
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEOKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 07/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:26pm 1:27pm 1:28pm
AIR BLK	.00	1:29pm
SUB TEST	.00	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CHEROKEE COUNTY CHEOKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 398 Test Date: 07/02/2008 Test Time: 1:34pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:34pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

### Temperature Tests

Test	Status	Time
FC1	Pass	1:34pm
SRC	Pass	1:34pm
DET	Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

#### Printer Tests

### CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

Analyst

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. 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

ANSON ANSON CO. SD. 030

Serial Number: 008739 Test Date: 07/11/2008

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

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:39am 10:40am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:44am
AIR BLK	.00	10:45am

Reported AC: \_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON ANSON CO. SD. 030

Serial Number: 008739 Test Record Number: 60 Test Date: 07/11/2008 Test Time: 10:47am EDT

System Check: Passed

Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:49am

### Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County	RICHMOND Instrument Location RCHMOND Co. MAGISTRATES
Instrument	Serial No. 008701 OFFICE, ROCKINGHAM NC
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	at on the
SO SE	AIE of Only Any Vision

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 07/10/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:56pm 5:57pm 5:58pm
AIR BLK	.00	5:59pm
SUB TEST	.00	5:59pm
AIR BLK	.00	6:00pm
SUB TEST	.00	6:02pm
AIR BLK	.00	6:03pm

~/010T

Time

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 211
Test Date: 07/10/2008 Test Time: 6:09pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	6:09pm
FLO	Pass	6:09pm
FC	Pass	6:09pm

### Temperature Tests

Test	Status	Time
FC1	Pass	6:09pm
SRC	Pass	6:09pm
DET	Pass	6:09pm
BAR	Pass	6:09pm
BT	Pass	6:09pm

### Blank Tests

Test	Status	Time
AIR	Pass	6:10pm

### Printer Tests

Test

CAL

1000	20000	
PRNT	Pass	6:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:10pm

Pass

Status

Time

6:10pm

Preventive Maintenance Status: Pass

Analyst

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

1-	Tolland C. Macus
County 15	Instrument Location RIGHWIOND Co. 111401512A
Instrument Seria	Instrument Location RICHMOND Co. MAGISTRA al No. 008840 OFFICE ROCKINGHAM NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
THE STATE OF MANY 20 1775	Signature of Certifying Official Certificate Number

RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 07/10/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

rest	g/210L	Time
DIAG AIR BLK	Pass	5:15pm 5:16pm
ACCY CHK	.08	5:17pm
AIR BLK	.00	5:18pm
SUB TEST	.00	5:18pm
AIR BLK	.00	5:19pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

### RICHMOND RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 07/10/2008 Test Record Number: 58 Test Time: 5:25pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:26pm
SRC	Pass	5:26pm
DET	Pass	5:26pm
BAR	Pass	5:26pm
BT	Pass	5:26pm

### Blank Tests

Test	Status	Time
ATR	Pass	5:27pm

### Printer Tests

rest	Status	TIME
PRNT	Pass	5:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:27pm 5:27pm

Preventive Maintenance Status: Pass

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

	A THE OATHER LEAS, MOD	EL INTOX EC/IR II	
County /	ANSON Instrument	Location ANSON Co. Sk	perifis_
Instrument Se	Serial No. 008597 Dep 7.	WADESBOLD NC	
The preventive four months a	tive maintenance procedures for the Intoximeters, Mos are:	odel Intox EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade	re, or the alcoholic breath simulator t	hermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	ath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	inged before expiration date, or the a months or after 125 Alcoholic Breatl	lcoholic breath h Simulator tests,
I certify that or procedures we Department of	on theday ofUUU	accordance with current regulations	itive maintenance of the N.C.
STATE ON THE STATE OF THE STATE	CAROUN CA	sell -	37/
	Signature of Certifyi	ng Omeiai Certific	cate Number

ANSON ANSON CO. SD. 030

Serial Number: 008597 Test Date: 07/11/2008

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: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:26am 10:26am 10:27am 10:28am 10:29am 10:29am
AIR BLK	.00	10:32am

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

ANSON ANSON CO. SD. 030

Serial Number: 008597 Test Record Number: 86 Test Date: 07/11/2008 Test Time: 10:34am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	10:35am

#### Printer Tests

Status

Test

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

Time

Preventive Maintenance Status: Pass

Analyst

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

County	ROCKINGHAM Instrument Location BAT MOBILE UNIT 3
Instrument S	Serial No. 008647 Instrument Location BAT MOBILE UNIT 3  REIDSVILLE, NC
<u> </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.
certify that or procedures wer Department of	the
O'M STATE OF THE S	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY BAT MOBILE UNIT 3
780

Serial Number: 008647 Test Date: 07/05/2008

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: 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 SUB TEST	Pass .00 .07 .00 .00	10:30pm 10:31pm 10:32pm 10:33pm 10:34pm 10:35pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008647 Test Record Number: 296
Test Date: 07/05/2008 Test Time: 10:41pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:42pm
SRC	Pass	10:42pm
DET	Pass	10:42pm
BAR	Pass	10:42pm
BT	Pass	10:42pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:43pm

Status Time

### Printer Tests

Test

		_
PRNT	Pass	10:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:43pm 10:43pm

Preventive Maintenance Status: Pass

Analyst

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

County	ROCKINGHAM Instrument Location BATMOBILE UNIT 3
Instrument	ROCKINGHAM Instrument Location BATMOBILE UNIT 3  Serial No. 008707 REIDSVILLE, NC
The prevent four months	tive 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.
certify that or procedures we Department or	on the
O'THE STATE OF THE	*NOTIFIED TO SERVICE T
EDE QUAM VIDE	alunky Bons 649
	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY BAT MOBILE UNIT 3
780

Serial Number: 008707 Test Date: 07/05/2008

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: 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	10:17pm 10:18pm 10:18pm 10:19pm 10:20pm 10:22pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008707

Test Record Number: 102 Test Date: 07/05/2008 Test Time: 10:24pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	10:24pm
SRC	Pass	10:24pm
DET	Pass	10:24pm
BAR	Pass	10:24pm
BT	Pass	10:24pm

### Blank Tests

Test	Status	Time
AIR	Pass	10:25pm

### Printer Tests

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

Preventive Maintenance Status: Pass

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

County K	OCKINGHAM Instrument Location BAT MOBILE UNIT 3
Instrument So	erial No. OCS 616 Instrument Location BAT MOBILE UNIT 3
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 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
THE STATE OF THE S	
AND STATE OLIVINA NOTAL	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY BAT MOBILE UNIT 3
780

Serial Number: 008616 Test Date: 07/05/2008

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: 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	10:51pm 10:52pm 10:53pm 10:54pm 10:55pm
SUB TEST	.00	10:57pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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#### ROCKINGHAM COUNTY BAT MOBILE UNIT 3 780

Serial Number: 008616 Test Record Number: 275
Test Date: 07/05/2008 Test Time: 11:01pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:03pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

Pass

11:03pm

11:03pm

COMP

CAL

Analyst

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

County_A	Instrument Location BAT MOBILE UNIT 3  erial No. 008707  GRAHAM, NC
Instrument Se	erial No. 008707 GRAHAM, 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.
I certify that on procedures wer Department of	the <u>03</u> day of <u>Joly</u> , 20 <u>08</u> 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	
OCAM VIOL	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.

#### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008707 Test Date: 07/03/2008

Test Record Number: 98 Test Time: 10:12pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
FC	Pass	10:12pm

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:13pm

Preventive Maintenance Status: Pass

Pass

10:13pm

CAL

Analyst

#### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008707 Test Date: 07/03/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

County_A	AMANCE Instrument Location BATMOBILE ONIT 3
Instrument Se	Instrument Location BATMOBILE ONIT 3  orial No. 008616  GRAHAM, DC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the <u>03</u> day of <u>001</u> , 20 <u>8</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OTHE STATE ON NOTICE OF THE OWNER OWNER OF THE OWNER OW	

#### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008616 Test Date: 07/03/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:31pm 10:32pm 10:32pm 10:33pm 10:33pm 10:36pm 10:37pm
		±0.5/pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bang Analyst

#### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008616 Test Record Number: 269
Test Date: 07/03/2008 Test Time: 10:38pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:39pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

10:39pm

CAL

Analyst

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

County	Alamance Instrument Location BAT MOBILE UNIT 3
Instrumen	HAMANCE Instrument Location BAT MOBILE UNIT 3 t Serial No. 008647 GRAHAM, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that procedures v Department	on the
O'THE STATI	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Date: 07/03/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:17pm 10:18pm 10:19pm 10:20pm 10:21pm 10:22pm 10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### ALAMANCE COUNTY BAT MOBILE UNIT 3 000

Serial Number: 008647 Test Date: 07/03/2008

Test Record Number: 294
Test Time: 10:25pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:27pm 10:27pm

Preventive Maintenance Status: Pass

Analyst

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

County ALI	MANCE Instrument Location ALAMANCE CO. JAIL
Instrument Seria	NO. 008913 109 S. MAPLE ST. GRAHAMING
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 NAME OF THE STATE OF	Signature of Certifying Official Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 07/01/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:22pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Record Number: 43 Test Date: 07/01/2008 Test Time: 12:27pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:28pm
FLO	Pass	12:28pm
FC	Pass	12:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:28pm
SRC	Pass	12:28pm
DET	Pass	12:28pm
BAR	Pass	12:28pm
BT	Pass	12:28pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:29pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:29pm

Pass

12:29pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County C	RANGE In	strument Location HILLS BOX	20UCH PD
Instrument S	Gerial No. <u>008799</u> 125	7 N. CHURTON ST.	HILLSBOROUGH, N
The prevent four months	ve maintenance procedures for the Intoxim are:	neters, 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		n simulator thermometer shows
2.	Verify instrument displays time and o	date;	
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 even whichever occurs first.	being changed before expiration of wery four months or after 125 Alcoholm	late, or the alcoholic breath bholic Breath Simulator tests,
I certify that procedures w Department of	on the <u>O</u> / day of <u>UULY</u> ere performed on the instrument indicated of Health and Human Services, and the inst	, 20 ○ ₹ the forg above, in accordance with current rument is functioning properly.	going preventive maintenance regulations of the N.C.
THE STATE OF THE S	SAO		
- wanning		f Certifying Official	Certificate Number
	2-5-1444	/ 5	Commodite Hullings

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 07/01/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:24pm 5:25pm 5:25pm 5:26pm 5:27pm
AIR BLK SUB TEST	.00	5:28pm 5:29pm
AIR BLK	.00	5:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 45 Test Date: 07/01/2008 Test Time: 5:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:31pm
FLO	Pass	5:31pm
FC	Pass	5:31pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:32pm
SRC	Pass	5:32pm
DET	Pass	5:32pm
BAR	Pass	5:32pm
BT	Pass	5:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:32pm 5:32pm

Preventive Maintenance Status: Pass

Analyst

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

County	DRANCE	Instrument Location CHAPEC	HILL PD
Instrumen	t Serial No. OS856	828 MARTIN LOTHER KU CHAPEL HILL, NC	No JR BLUB
The preve	ntive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II to be	
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breat degree centigrade;	h 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	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration of anged every four months or after 125 Alco	date, or the alcoholic breath oholic Breath Simulator tests,
procedures	were performed on the instrument in	dicated above, in accordance with current the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
WIND SESTING STATES OF STA	TE OO NOOLAN CAROLINA	1	
The state of the s		nature of Certifying Official	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 07/01/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:56pm 2:57pm 2:57pm
AIR BLK	.00	2:58pm
SUB TEST	.00	2:59pm
AIR BLK	.00	2:59pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Record Number: 52 Test Date: 07/01/2008 Test Time: 3:03pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:03pm 3:03pm
FC	Pass	3:03pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:03pm
SRC	Pass	3:03pm
DET	Pass	3:03pm
BAR	Pass	3:03pm
BT	Pass	3:03pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:04pm

Preventive Maintenance Status: Pass

Pass

CAL

3:04pm

Analyst

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

County C	RANGE	Instrument L	ocation <u>CHAPE</u> L	HILL PD
Instrument Se	rial No. <u>60 8839</u>	828 M	RTIN LUTHER	KING, JR BLAD
	rial No. <u>60 8839</u>	CHAPEL	HILL , NO	
	e maintenance procedures for the			
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2		, or the alcoholic bre	ath simulator thermometer show
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 breat	h sample;	
7.	When "PLEASE BLOW" ap	pears, collect breat	h sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.				n date, or the alcoholic breath alcoholic Breath Simulator tests,
procedures we	n the <u>O</u> / day of <u>J</u> / re performed on the instrument in Health and Human Services, and	ndicated above, in a	accordance with curr	
STATE OF STA		gnature of Certifyin	muth	Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 07/01/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	2:58pm 2:59pm 2:59pm 3:00pm 3:01pm 3:02pm 3:03pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Record Number: 51 Test Date: 07/01/2008 Test Time: 3:06pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:06pm
FLO	Pass	3:06pm
FC	Pass	3:06pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:06pm
SRC	Pass	3:06pm
DET	Pass	3:06pm
BAR	Pass	3:06pm
BT	Pass	3:06pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:07pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:07pm

Pass

3:07pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County AS	WELL	Instrument Location	YANGE	EYVILLE PD	
Instrument Seria	1No. <u>008593</u>	200 E. CHIVER	<u> 57.</u>	YARCENVILLE.	,NC
The preventive n four months are:	naintenance procedures for the I	ntoximeters, Model Intox E	EC/IR II t	o be followed at least onc	e every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lcoholic b	reath simulator thermome	eter shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	<b>;</b>			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath sample;	;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;	;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	d			
10.	Verify that the ethanol gas can simulator solution is being char whichever occurs first.				
procedures were	ne <u>OS</u> day of <u>Ju</u> performed on the instrument ind ealth and Human Services, and t	licated above, in accordanc	e with cu	rrent regulations of the N	ntenance .C.
TEST GUAM WORLD THE STATE OF TH	Cion Sion	ature of Certifying Officia	/ <u>U</u>	Certificate Nun	nhar

CASWELL COUNTY YANCEYVILLE PD 160

Serial Number: 008593 Test Date: 07/03/2008

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:22pm 12:23pm 12:23pm 12:24pm 12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
ATR BLK	. 00	12:28pm

Reperted 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

#### CASWELL COUNTY YANCEYVILLE PD 160

Serial Number: 008593 Test Record Number: 324
Test Date: 07/03/2008 Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR	Pass	12:29pm
B <b>T</b>	Pass	12:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

County	PERSON	Instrument Location PERSON	Co. LEC
Instrumen	t Serial No. <u>00 8693</u>	120 COURT ST. Ruy	PORD, NC
The preve		the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the alcoholic breath .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument display	s time and date;	
3.	Initiate breath test sequen	ce;	
4.	Enter information as pron	npted;	
5.	Verify instrument accurac	ey;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	' appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	m; and	
10.	Verify that the ethanol gasimulator solution is bein whichever occurs first.	s canister is being changed before expiration of g changed every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify to procedure Departme	hat on the <u>63</u> day ofes were performed on the instrument of Health and Human Services.	the for ent indicated above, in accordance with current, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
GREAT	TATE OF MODELLE	Signature of Certifying Official	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 07/03/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:08pm 4:08pm
ACCY CHK	.07	4:09pm
AIR BLK SUB TEST	.00 .00	4:10pm 4:11pm
AIR BLK	.00	4:11pm 4:12pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:15pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

#### PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Record Number: 221 Test Date: 07/03/2008 Test Time: 4:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:17pm
${ t FLO}$	Pass	4:17pm
FC	Pass	4:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:18pm

Preventive Maintenance Status: Pass

Pass

CAL

4:18pm

Analyst

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

County	PERSON	Instrument Location_PERSON	1 Co. LEC
Instrument	Serial No. <u>008880</u>	120 COURT ST. R	POXBORO, NC
The prevent		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer show
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	opears, collect breath sample;	
7.	When "PLEASE BLOW" ap	opears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nnister is being changed before expiration nanged every four months or after 125 Al	
procedures	were performed on the instrument in	def , 20 the formaticated above, in accordance with curred the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
SSE STATE OF THE S		S D Smits	637
	Si	gnature of Certifying Official	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 07/03/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	4:02pm
AIR BLK	.00	4:03pm
ACCY CHK	.08	4:04pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm

.00 g/210L Reported AC:

Chémical Analyst Signature of

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

#### PERSON COUNTY PERSON CO. LEC 720

Test Record Number: 48 Serial Number: 008880 Test Time: 4:13pm EDT Test Date: 07/03/2008

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:14pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:14pm
SRC	Pass	4:14pm
DET	Pass	4:14pm
BAR	Pass	4:14pm
BT	Pass	4:14pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:15pm 4:15pm

Preventive Maintenance Status: Pass

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

County	Edge Const Instrument Location Edge range Co MALISMAN
Instrument	Serial No. DO8663 Office, 300 S. ANACONDA P.D., TARBUTO,
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the day of <u>Jucy</u> , 20 08 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
THE GREAT OF THE CORE AT THE C	ATE OF NO.

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 07/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK	Pass	11:37am 11:38am
ACCY CHK	.08	11:39am 11:40am
SUB TEST	.00	11:40am
AIR BLK	.00	11:41am
SUB TEST	.00	11:43am
ATR BLK	. 00	11:44am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 685 Test Date: 07/02/2008 Test Time: 11:48am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
$\mathtt{B}\mathbf{T}$	Pass	11:49am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:50am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:50am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:50am
CAL	Pass	11:50am

Preventive Maintenance Status: Pass

Find A Keese\_\_\_\_\_

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

County Em	Instrument Location	decement la Mauisma	
Instrument Ser	ial No. 008603 Office, 300	S. RUACONDA LA, TANONO	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC	C/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 simulator solution is being changed every four months or at whichever occurs first.	expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,	
I certify that on procedures wer Department of	the day of , 20 0 e performed on the instrument indicated above, in accordance Health and Human Services, and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.	
OF THE STATE OF THE OWN TO A TH	SP C ST C ST	697	
	Signature of Certifying Official	Certificate Number	

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 07/02/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: AG722503 Exp Date: 08/12/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	11:36am 11:37am 11:38am 11:39am 11:39am 11:40am
AIR BLK	.00	11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 548
Test Date: 07/02/2008 Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:44am 11:44am
FLO	Pass	11:44am
FC	Pass	11:44am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:45am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:45am

11:45am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

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

,	INTOXIMETERS, MODEL INTOX EC/IR II
County 62	Instrument Location Wagne Co. Outention Center
Instrument Se	Instrument Location Whyne Co. Detention Center crial No. DO 8649 2076 Chestant ST. Colleson N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE OF STA	
Tananan II	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 07/03/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:49am 10:50am 10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:55am
ATR BLK	.00	10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fines lesse
Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Record Number: 531 Test Date: 07/03/2008 Test Time: 10:59am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:00am

#### Printer Tests

Status

Time

11:00am

Test

CAL

PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

Preventive Maintenance Status: Pass

Pass

Analyst

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County MA	No. 008671 207E Chestwar ST., Goldson, N.C.
nstrument Serial	No. DOSETI 207 E ChesTNUT ST., Goldson, N.C.
The preventive mour 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 3 RO day of , 20 08 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
OF ME STATE OF NO.	
A TOWN THE STATE OF THE STATE O	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 07/03/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

12/01/2007-12/01/2009

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

Test Type: Breath Test

Lot Number: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:48am 10:49am 10:49am
AIR BLK	.00	10:50am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am
SUB TEST	.00	10:53am
ATR BLK	. 00	10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 376

Test Date: 07/03/2008

Test Time: 10:58am EDT

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:58am
FLO	Pass	10:58am
FC	Pass	10:59am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:59am

### CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

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

County Be	EAU fort Instrument Location BEAU fort OD. Courthouse
Instrument Seria	Instrument Location BEAUFORT CO. COURTHOUSE al No. 008915 100 E. DWD ST., Washington, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
The STATE OF THE S	Find A. Luce 617
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008915 Test Date: 07/08/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:21pm 2:21pm 2:22pm 2:23pm 2:24pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	2:25pm 2:26pm 2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008915

Test Record Number: 44
Test Time: 2:31pm EDT

System Check: Passed

#### Baseline Tests

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

#### 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
AIR	Pass	2:32pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

2:32pm

**Analyst** 

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

	TAUFORT Instrument Location BEAUFORT Co. Courhouse
Instrument Seria	al No. 008909 100 E. 240 ST., Washington, N.C.
	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 AN AND THE STATE OF AND THE STATE OF AN AND THE STATE	Joels Read 647
	Signature of Certifying Official Certificate Number

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 07/08/2008

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:17pm 2:17pm
ACCY CHK	.08	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm
SUB TEST	.00	2:22pm
ATR BLK	.00	2:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analyst

#### BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Record Number: 46 Test Date: 07/08/2008 Test Time: 2:25pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
BT	Pass	2:25pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:26pm

#### Printer Tests

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

COMP	Pass	2:26pm
CAL	Pass	2:26pm

Preventive Maintenance Status: Pass

Analyst

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

County	NEWHANOVER Instrument Location WILINING EON		
Instrumen	Serial No. 8613 Instrument Location WILININGEON POLICE DEPE		
The preve	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify the procedure Departme	on theday of, 20		
S S S S S S S S S S S S S S S S S S S	Signature of Cértifying Official  Certificate Number		

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008613 Test Date: 07/03/2008

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

12/01/2007-12/01/2009

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	4:38pm
AIR BLK	.00	4:39pm
ACCY CHK	.07	4:40pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
ATR BLK	. 00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008613 Test Record Number: 172 Test Date: 07/03/2008 Test Time: 4:46pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:46pm
FLO	Pass	4:46pm
FC	Pass	4:46pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:47pm
SRC	Pass	4:47pm
DET	Pass	4:47pm
BAR	Pass	4:47pm
BT	Pass	4:47pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:47pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:47pm
	CRC Tests	
Test	Status	Time

COMP Pass 4:47pm CAL Pass 4:47pm

Preventive Maintenance Status: Pass

Analyst

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

County	Upkin Instrument Location_	WAllace
Instrument Seria	1 No	POLICE DEPE
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox E	.C/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the ale 34 degrees, plus or minus .2 degree centigrade;	coholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or whichever occurs first.	
I certify that on t procedures were Department of H	performed on the instrument indicated above, in accordance lealth and Human Services, and the instrument is functioning	(1) b the forgoing preventive maintenance e with current regulations of the N.C. ag properly.
THE STATE OF NO.	Signature of Certifying Officia	MC 634 Certificate Number

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 07/02/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .08 .00	4:16pm 4:16pm 4:17pm 4:18pm
.00	4:18pm
.00	4:19pm
.00	4:21pm
.00	4:22pm
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858 Test Date: 07/02/2008

Test Record Number: 60 Test Time: 4:23pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:24pm
FLO	Pass	4:24pm
FC	Pass	4:24pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:24pm
SRC	Pass	4:24pm
DET	Pass	4:24pm
BAR	Pass	4:24pm
BT	Pass	4:24pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4 · 24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:25pm

Preventive Maintenance Status: Pass

Pass

4:25pm

CAL

Analyst

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

County /	Instrument Location DupLin County  Sheriff Dept.
Instrument Seria	INO. S864 Sheriffs Dept.
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.
	ne 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.
STATE OF NO. 20. 1775 NO. 20. 1	Signature of Certifying Official Certificate Number

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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Date: 07/02/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:26pm 2:26pm
ACCY CHK	.07	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:31pm

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

#### DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: 008864 Test Record Number: 66 Test Date: 07/02/2008 Test Time: 2:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:35pm

Pass

2:35pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Instrument Location WAR2 SALV		
Instrument Ser	rial No. 8874 Instrument Location WARSOLU  FOLICE DEPÉ.		
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that or procedures wer Department of	theday of, 20		
THE STATE OF THE S	Can Hamy Caulia 634		

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

Signature of Certifying Official

Certificate Number

DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Date: 07/02/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:11pm 1:11pm 1:12pm 1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DUPLIN COUNTY WARSAW PD 300

Serial Number: 008874 Test Record Number: 48

Test Date: 07/02/2008 Test Time: 1:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:18pm
SRC	Pass	1:18pm
DET	Pass	1:18pm
BAR	Pass	1:18pm
BT	Pass	1:18pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1 • 1 8 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:18pm
CAL	Pass	1:18pm

Preventive Maintenance Status: Pass

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

County	SAM, 230N	Instrument l	Location SANJOS	on County
Instrument	Serial No		5 her ll	DEPT.
The prevent four months	tive maintenance procedures for the are:	: Intoximeters, Mo	del Intox EC/IR II to be foll	owed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressur degree centigrade;	e, or the alcoholic breath sin	nulator 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 brea	th sample;	
7.	When "PLEASE BLOW" ap	pears, collect brea	th sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas can simulator solution is being ch whichever occurs first.	nister is being char anged every four r	nged before expiration date nonths or after 125 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that procedures v Department (	on theday of were performed on the instrument in of Health and Human Services, and	dicated above, in a the instrument is	, 20 the forgoin accordance with current reg functioning properly.	g preventive maintenance sulations of the N.C.
TATION OF STATE OF ST	Can Can	Lhony	Zivera	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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 07/02/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:23am 11:24am 11:24am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
AIR BLK SUB TEST AIR BLK SUB TEST	.00	11:25a 11:26a 11:27a 11:28a

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825

Test Record Number: 63

Test Date: 07/02/2008 Test Time: 11:30am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:31am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass	11:31am 11:31am 11:31am
BT	Pass Pass	11:31am 11:31am

#### Blank Tests

tatus Time
1

AIR Pass 11:31am

#### Printer Tests

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

PRNT Pass 11:31am

CRC Tests

Test Status Time

COMP Pass 11:32am CAL Pass 11:32am

Preventive Maintenance Status: Pass

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

County SAM	Instrument Location SAMPSON COUNTY
Instrument Seria	INO. 8877 SHERIFF'S OFFICE
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 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.
THE PART OF NO.	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 07/02/2008

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

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

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:24am 11:24am 11:25am 11:26am <b>11:27am</b> 11:27am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: /00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Record Number: 53 Test Date: 07/02/2008 Test Time: 11:32am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:33am
SRC	Pass	11:33am
DET	Pass	11:33am
BAR	Pass	11:33am
BT	Pass	11:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:33am

#### Printer Tests

Test

CAL

PRNT	Pass	11:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:34am

Status

Time

11:34am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County (	recet Instrument Location BAT M.	bile Clait 2
Instrument Serial	rial No. 60866/ Newport	
The preventive m four months are:	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow re:	ved at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
<b>9.</b>	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 whichever occurs first.	r the alcoholic breath Breath Simulator tests,
I certify that on t procedures were Department of H	on the	preventive maintenance lations of the N.C.
STATE OF ALL TO	Signature of Certifying Official	60 / Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 2 150

Serial Number: 008601 Test Record Number: 448 Test Date: 07/03/2008 Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:13pm 11:13pm
FC	Pass	11:13pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:13pm 11:13pm 11:13pm 11:13pm 11:13pm

#### Blank Tests

rest	Status	Time
AIR	Pass	11:14pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	11:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:14pm 11:14pm

Preventive Maintenance Status: Pass

CARTERET COUNTY BAT MOBILE UNIT 2 150

Serial Number: 008601 Test Date: 07/03/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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: 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	11:05pm 11:06pm 11:06pm 11:07pm 11:08pm 11:09pm 11:10pm
AIR BLK	.00	11:11pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~2	INTUATMETER	S, MODEL INTOX ECIRT	<b>.</b>
County 6	firet	Instrument Location 847	Wobile CANT
Instrument Serial	No. 00 8736	Newport	
The preventive m four months are:	aintenance procedures for the Inte	oximeters, Model Intox EC/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath sin ree centigrade;	nulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date ged every four months or after 125 Alcohol	
I certify that on the procedures were propartment of He	day of 4 performed on the instrument indicalth and Human Services, and the	, 20 6 7 the forgoing cated above, in accordance with current rege instrument is functioning properly.	ng preventive maintenance gulations of the N.C.
OTHE STATE OF NO.	Signa	ture of Certifying Official	Certificate Number

#### CARTERET COUNTY BAT MOBILE UNIT 2 150

Serial Number: 008736 Test Record Number: 113
Test Date: 07/03/2008 Test Time: 11:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:17pm
FLO	Pass	11:17pm
FC	Pass	11:17pm

## Temperature Tests

Test	Status	Time
FC1	Pass	11:17pm
SRC	Pass	11:17pm
DET	Pass	11:17pm
BAR	Pass	11:17pm
BT	Pass	11:17pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:18pm

11:18pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

#### CARTERET COUNTY BAT MOBILE UNIT 2 150

Serial Number: 008736 Test Date: 07/03/2008

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

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

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

Analyst's Name: 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: AG723401 Exp Date: 08/21/2009

a/210Ti

Time

Test

1050	9/2101	r rinc
DIAG	Pass	11:09pm
AIR BLK	.00	11:10pm
ACCY CHK	.08	11:11pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:12pm
AIR BLK	.00	11:13pm
SUB TEST	.00	11:14pm
AIR BLK	.00	11:15pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

K. C. Short



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

County H	enclored Instrument Location AT Mobile Unit 4
Instrument S	Gerial No. COSNIT
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.
nocedules w	on the day of , 20  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.
O'THE STATE OF THE	Signature of Certifying Official Certificate Number

#### HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008717 Test Record Number: 66 Test Date: 07/03/2008 Test Time: 7:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:51pm
FLO	Pass	7:51pm
FC	Pass	7:51pm

#### Temperature Tests

FC1 Pass 7:51p
SRC Pass 7:51p
DET Pass 7:51pt
BAR Pass 7:51pa
BT Pass 7:51pm

#### Blank Tests

Test	Status	Time	
ATR	Pass	7 · 52rvm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:52pm 7:52pm

Preventive Maintenance Status: Pass

Analyst

HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008717 Test Date: 07/03/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	7:43pm 7:44pm
ACCY CHK	.07	7:45pm 7:45pm
AIR BLK SUB TEST	.00	7:45pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:49pm
AIR BLK	.00	7:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst



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

County Hey	Molerson Instrument Location BAT Mobile UN: 7 4
Instrument Se	rial No. <u>668734</u>
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 show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the <u>3rd</u> day of <u>7als</u> , 20 <u>8</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Hamil Trung Q Q SR 6651
	Signature of Certifying Official Certificate Number

#### HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008734

Test Record Number: 92

Test Date: 07/03/2008

Test Time: 7:53pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:54pm
FLO	Pass	7:54pm
FC	Pass	7:54pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:54pm
SRC	Pass	7:54pm
DET	Pass	7:54pm
BAR	Pass	7:54pm
BT	Pass	7:54pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:55pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:55pm 7:55pm

Preventive Maintenance Status: Pass

HENDERSON COUNTY BAT MOBILE UNIT 4 440

Serial Number: 008734 Test Date: 07/03/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	7:45pm 7:46pm
ACCY CHK	.07	7:46pm 7:47pm
AIR BLK	.00	7:48pm
SUB TEST AIR BLK	.00 .00	7:48pm
SUB TEST	.00	7:49pm <b>7:51pm</b>
AIR BLK	.00	7:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR



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

County SW	ALTO Ins	strument Location	p final elica
Instrument Seria	1No. <u>CC 8717</u>		
The preventive four months are	naintenance procedures for the Intoxim	eters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		eath simulator thermometer show
2.	Verify instrument displays time and d	ate;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	llect breath sample;	
7.	When "PLEASE BLOW" appears, co	llect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is l simulator solution is being changed ev whichever occurs first.	being changed before expiration very four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures mare	performed on the instrument indicated and Human Services, and the instrument	accre, in accordance with cur	rent regulations of the 14.C.
CREATE OF WAR TO THE STATE OF WAR TO THE WAR TO THE STATE OF WAR TO THE STATE OF WAR TO THE STATE OF WAR T	CAROLLA	Certifying Official	Certificate Number

#### SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008717 Test Record Number: 68 Test Date: 07/04/2008 Test Time: 5:57pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:57pm 5:57pm
FC	Pass	5:57pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:57pm
SRC	Pass	5:57pm
DET	Pass	5:57pm
BAR	Pass	5:57pm
BT	Pass	5:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:58pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:58pm 5:58pm

Preventive Maintenance Status: Pass

Analyst

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008717 Test Date: 07/04/2008

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:47pm
AIR BLK	.00	5:48pm
ACCY CHK	.07	5:48pm
AIR BLK	.00	5:49pm
SUB TEST	.00	5:50pm
AIR BLK	.00	5:51pm
SUB TEST	.00	5:52pm
AIR BLK	.00	5:53pm

.00 q/210L Reported AC:

Signature of Chemical Analyst

Court CVR



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

County <u>S(J)</u>	AIN Instrument Location BAT Willy With 4
Instrument Seria	INO. <u>CO8734</u>
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 , 2002 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 N. STATE	Signature of Certifying Official Certificate Number

#### SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008734 Test Record Number: 99 Test Date: 07/04/2008 Test Time: 6:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:18pm
FLO	Pass	6:18pm
FC	Pass	6:18pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	6:18pm 6:18pm 6:18pm 6:18pm 6:18pm
		_

#### Blank Tests

Test	Status	Time
AIR	Pass	6:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:19pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:19pm 6:19pm

Preventive Maintenance Status: Pass

Analyst

SWAIN COUNTY BAT MOBILE UNIT 4 860

Serial Number: 008734 Test Date: 07/04/2008

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: 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	6:06pm 6:07pm 6:08pm
AIR BLK	.00	6:09pm
SUB TEST	.00	6:09pm
AIR BLK	. 0 0	6:10pm
SUB TEST	.00	6:12pm
AIR BLK	.00	6:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst



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

County Ton	Sydh Instrument Location BAT Records 4
Instrument Seri	al No. <u>CO2717</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
COT THE STATE OF WAY 20, 1775	Signature of Certifying Official Certificate Number

#### FORSYTH COUNTY BAT MOBILE UNIT 4 330

Serial Number: 008717 Test Record Number: 70 Test Date: 07/05/2008 Test Time: 6:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:44pm
FLO	Pass	6:44pm
FC	Pass	6:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:45pm
SRC	Pass	6:45pm
DET	Pass	6:45pm
BAR	Pass	6:45pm
BT	Pass	6:45pm

#### Blank Tests

Test	Status	Time
ΔTR	Pagg	6·45nm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:45pm 6:45pm

Preventive Maintenance Status: Pass

Analyst

FORSYTH COUNTY BAT MOBILE UNIT 4 330

Serial Number: 008717 Test Date: 07/05/2008

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	6:36pm
AIR BLK	.00	6:37pm
ACCY CHK	.07	6:38pm
AIR BLK	.00	6:39pm
SUB TEST	.00	6:39pm
AIR BLK	.00	6:40pm
SUB TEST	.00	6:42pm
ATR BLK	. 00	6:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CONTRACT

### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

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

County For	rsyth	Instrument Location BHT No	the and 4
Instrument Ser	rial No. <u>CC 273</u> 4		
The preventive four months ar		for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.		canister displays pressure, or the alcoholic bre nus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	ласу;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	
7.	When "PLEASE BLO"	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	gram; and	
10.		gas canister is being changed before expiratio eing changed every four months or after 125 A	
procedures wer	re performed on the mstru	ment indicated above, in accordance with curres, and the instrument is functioning properly.	ent regulations of the N.C.
STATE OF THE STATE	A CAROLINA SANCE OF THE SANCE O	Signature of Certifying Official	Certificate Number

#### FORSYTH COUNTY BAT MOBILE UNIT 4 330

Serial Number: 008734 Test Record Number: 102 Test Date: 07/05/2008 Test Time: 6:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	6:34pm
FLO	Pass	6:34pm
FC	Pass	6:34pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:34pm
SRC	Pass	6:34pm
DET	Pass	6:34pm
BAR	Pass	6:34pm
BT	Pass	6:34pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:34pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:35pm 6:35pm

Preventive Maintenance Status: Pass

Analyst

FORSYTH COUNTY BAT MOBILE UNIT 4 330

Serial Number: 008734 Test Date: 07/05/2008

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	6:26pm 6:27pm 6:27pm 6:28pm 6:29pm 6:30pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	Instrument Location SHP BAT UNIT
Instrument Se	rial No. <u>00 2909</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the, 20, 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 SHP BAT UNIT 910

Serial Number: 008929 Test Date: 07/01/2008

Test Record Number: 46 Test Time: 3:07pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:07pm
SRC	Pass	3:07pm
DET	Pass	3:07pm
BAR	Pass	3:07pm
BT	Pass	3:07pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:08pm

#### Printer Tests

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

rest	Status	Time
COMP	Pass	3:08pm
CAL	Pass	3:08pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY SHP BAT UNIT 910

Serial Number: 008929 Test Date: 07/01/2008

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:59pm 3:00pm 3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK SUB TEST	.00 .00	3:03pm 3:04pm
AIR BLK	.00	3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County C	olk	Instrument I	$\Box$	IK Co. S.D.
Instrument Seria	ul No. <u>008832</u>	_	ud St. 94-300	Columbus Ol
The preventive r		he Intoximeters, Mo	del Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.			lic breath simulator thermometer show
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as prom	oted;		
5.	Verify instrument accuracy	,		
6.	When "PLEASE BLOW"	appears, collect brea	th sample;	
7.	When "PLEASE BLOW"	appears, collect brea	th sample;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.				piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	the <u>}</u> day of	indicated above, in	accordance with	the forgoing preventive maintenance h current regulations of the N.C. operly.
STATE OF NO. 1775	Print CAROLINA	Floy D.  Signature of Certifyi		2 55 Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 07/22/2008

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: WILLIS, BOBBY D
Permit Number: 08010E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:20am 10:21am 10:21am 10:22am
SUB TEST	.00	10:23am
AIR BLK	.00	10:24am
SUB TEST	.00	10:25am
AIR BLK	.00	10:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis
Analyst

#### POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Record Number: 44
Test Date: 07/22/2008 Test Time: 10:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28am
FLO	Pass	10:28am
FC	Pass	10:28am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	10:28am 10:28am 10:28am 10:28am
BT	Pass	10:28am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:29am

#### Printer Tests

Status

Test

Time

PRNT	Pass	10:29am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:29am 10:29am

Preventive Maintenance Status: Pass

**Inalyst** 

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

County Rut	herford Instrument Location Forest City PD
Instrument Seria	187 S. Church St., Forest City 828-245-555
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>33rd</u> day of <u>July</u> , 20 <u>08</u> 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

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Record Number: 44
Test Date: 07/23/2008 Test Time: 3:44pm EDT Test Record Number: 44

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 3:44pm
SRC DET	Pass Pass	3:44pm 3:44pm
BAR	Pass	3:44pm
BT	Pass	3:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

#### Printer Tests

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

3:45pmCOMP Pass CAL Pass 3:45pm

Preventive Maintenance Status: Pass

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 07/23/2008

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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.08	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:42pm
ATR BLK	. 0.0	3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley D. Willis

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

County (	eveland	Instrument Location_	Cleveland Co. S.D.
Instrument Seria	u No. <u>008893</u>		P1. Shelby 4888
The preventive r	-	oximeters, Model Intox E	C/IR II to be followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		coholic breath simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			e expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
procedures were	the day of J() performed on the instrument indicate the lealth and Human Services, and the	ated/above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
STATE OF NO. 175. A STATE	B.F.	Up Colficial	Certificate Number

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 07/24/2008

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: WILLIS, BOBBY D
Permit Number: 08010E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

court our

#### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Record Number: 47 Test Date: 07/24/2008 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:06am

#### Printer Tests

Test

CAL

PRNT	Pass	10:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:06am

Pass

Status Time

10:06am

Preventive Maintenance Status: Pass

D. Willis
Analyst

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

County Ru	therford Instrument Location Rutherfo	ord Co. S.D.	
Instrument Seria	No. <u>008914 400 N. Washington S</u> 828-627-6247	A. Rutherfordton	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	ollowed at least once every	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows	
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcohwhichever occurs first.		
	the 33 day of 74, 2008 the forgo performed on the instrument indicated above, in accordance with current relation and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.	
OF QUAN VIDEN	Boffey D. Willis	557	
	Signature of Certifying Official	Certificate Number	

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 07/23/2008

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: AG816303 Exp Date: 06/11/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:08am 11:09am 11:09am 11:10am 11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 56 Test Date: 07/23/2008 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:17am
CAL	Pass	11:17am

Preventive Maintenance Status: Pass

Bolly D. Willis Analyst