PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Scot	
Instrument Seria	al No. 008723 Bryson City, NC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 27 day of Jane , 2008 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	Emil K. Cuth
	Signature of Certifying Official Certificate Number

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 06/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	8:48pm 8:49pm 8:50pm 8:50pm 8:51pm 8:52pm
SUB TEST	.00	8:53pm
AIR BLK	.00	8:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Carl R. Cuth

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 82 Test Date: 06/27/2008 Test Time: 8:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:43pm
FLO	Pass	8:43pm
FC	Pass	8:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:43pm
SRC	Pass	8:43pm
DET	Pass	8:43pm
BAR	Pass	8:43pm
BT	Pass	8:43pm

Blank Tests

Test	Status	Time
AIR	Pass	8:44pm

Printer Tests

Test

COMP

CAL

PRNT	Pass	8:44pm
	CRC Tests	
Test	Status	Time

Pass

Pass

Status Time

8:44pm

8:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Sc	Instrument Location Source Co. Jail
Instrument Se	rial No. 008727 Bryson City, 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 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 27 day of John 2008 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Caril R. Cuthon 635
	Signature of Certifying Official Certificate Number

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 06/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	8:49pm 8:50pm 8:51pm 8:51pm 8:52pm
AIR BLK	.00	8:53pm
SUB TEST	.00	8:54pm
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727

Test Record Number: 99

Test Date: 06/27/2008

Test Time: 8:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:44pm
FLO	Pass	8:44pm
FC	Pass	8:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:44pm
SRC	Pass	8:44pm
DET	Pass	8:44pm
BAR	Pass	8:44pm
BT	Pass	8:44pm

Blank Tests

Test	Status	Time
AIR	Pass	8:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:45pm 8:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	xtexet	Instrument Location CARA	exet County	
Instrument Ser	rial No. 8605	SHERITT'S OFF	ice.	
The preventive four months ar	e maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic be degree centigrade;	preath simulator thermometer shows	
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	red;		
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expirat hanged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,	
procedures were	e performed on the instrument in	ndicated above, in accordance with cu	rrent regulations of the N.C.	
THE STATE OF THE S	Some Car	ly E Hall	354	
	Sig	gnature of Certifying Official	Certificate Number	

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 06/24/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	9:39am
AIR BLK	.00	9:40am
ACCY CHK	.08	9:41am
AIR BLK	.00	9:42am
SUB TEST	.00	9:43am
AIR BLK	.00	9:45am
SUB TEST	.00	9:45am
AIR BLK	.00	9:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Record Number: 619
Test Date: 06/24/2008 Test Time: 9:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	9:50am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ΣTR	Pagg	9.51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:51am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:51am

9:51am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CAI	Rteret Instrument Location Morcherd City A.D.
Instrument Seri	al No. 873/
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	Ranco EHOA) 354

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

Signature of Certifying Official

Certificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 06/24/2008

Citation Number: T0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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 AIR BLK	Pass .00 .07 .00	10:23am 10:23am 10:24am 10:25am
SUB TEST	.00	10:26am
AIR BLK	.00	10:26am
SUB TEST	.00	10:28am
ATR BLK	.00	10:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Record Number: 169
Test Date: 06/24/2008 Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:30am
FLO	Pass	10:30am
FC	Pass	10:30am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:31am 10:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CA	Steret Instrument Location	on Atlantic Beach P.D.
Instrument Seri	al No. <u>8598</u>	
The preventive four months are	maintenance procedures for the Intoximeters, Model Interest	ox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the 34 degrees, plus or minus .2 degree centigrade;	he alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed a simulator solution is being changed every four month whichever occurs first.	
I certify that or procedures wer Department of	theday of, and the instrument is functional that the control of the instrument indicated above, in according to the instrument is function of the control o	20 the forgoing preventive maintenance dance with current regulations of the N.C. ioning properly.
Of the STATE OF TH	Cares EHall	354
	Signature of Certifying Of	ficial Certificate Number

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008598 Test Date: 06/24/2008

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

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

Lot Number: AG710801 Exp Date: 04/17/2009

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

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008598 Test Record Number: 59 Test Date: 06/24/2008 Test Time: 11:44am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:46am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 06/24/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:46pm 12:47pm 12:48pm 12:49pm 12:49pm
AIR BLK SUB TEST	.00 .00	12:50pm 12:51pm
AIR BLK	.00	12:51pm 12:52pm

Reported AC:

Court CVR

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Record Number: 555 Test Time: 12:53pm EDT Test Date: 06/24/2008

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

Test

Status

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

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN	Instrument Location HA	veLock A.D.
Instrume	ent Serial No		
The prevenue four mon	ventive maintenance procedures for the Intoxinths are:	imeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displayed degrees, plus or minus .2 degree		lic breath simulator thermometer shows
2.	Verify instrument displays time and	l date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears,	collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	that on the <u>25</u> day of <u>June</u> res were performed on the instrument indicate ent of Health and Human Services, and the in		
S S S S S S S S S S S S S S S S S S S		Hold of Certifying Official	354
	Signature	of Certifying Official	Certificate Number

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

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 06/25/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	8:37am 8:38am
ACCY CHK	.07	8:38am 8:39am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am
SUB TEST ATR BLK	.00 .00	8:42am 8:43am
ATK BLK	.00	8:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Record Number: 78 Test Time: 8:44am EDT Test Date: 06/25/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:44am
FLO	Pass	8:44am
FC	Pass	8:44am

Temperature Tests

Status	Time
Pass	8:44am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	8:45am

Printer Tests

8:45am

Test	Status	Time
PRNT	Pass	8:45am
	CRC Tests	
Test	Status	Time
COMP	Pass	8:45am

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008919 Test Date: 06/25/2008

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: HALL, RANDY E Permit Number: 03462E Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:01am 10:02am 10:03am 10:03am 10:04am 10:05am
SUB TEST	.00	10:06am
ATR BLK	.00	10:07am

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 008919 Test Record Number: 59 Test Date: 06/25/2008 Test Time: 10:12am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	10:12am 10:12am
FC	Pass	10:12am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:13am

Printer Tests

Status

Test

PRNT	Pass	10:13am
11.211		10,150
	CRC Tests	
Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location New Been A.D.
Instrumen	at Serial No. 88/17
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
CONTROL OREAL SECTION OF SECTION	ATE OF NOTE OF NOTE OF THE STATE OF THE STAT

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

Signature of Certifying Official

Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 06/25/2008

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: 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

Int Number: AC722502

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:14am 11:15am 11:16am 11:17am 11:17a m
AIR BLK SUB TEST	.00	11:18am 11:20am
AIR BLK	.00	11:21am

Reported AC: / .00/g/210L

Signature of Chemical Analyst

Court CVR

√ Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Record Number: 90 Test Date: 06/25/2008 Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:23am 11:23am

Preventive Maintenance Status: Pass

∕Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CRI	1000 Instrument Location CRAVEN COUNTY
Instrument Seria	INO. 8732 SHECIF'S OFFICE
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.
procedures were	he <u>J5</u> day of <u>June</u> , 20 <u>O</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 Signature of Certifying Official Signature of Certifying Official

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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 06/25/2008

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: HALL, RANDY E

Permit Number: 03462E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Ánalyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Record Number: 148
Test Date: 06/25/2008 Test Time: 12:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:13pm 12:13pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:14pm 12:14pm 12:14pm 12:14pm 12:14pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:14pm 12:14pm

Preventive Maintenance Status: Pass

Ánalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County PA	Amhico Instrument Location PAMhico Couwr	4		
Instrument Se	Serial No. 8640 SHERFF OFFICE			
The preventive four months as	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least s are:	once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator therm 34 degrees, plus or minus .2 degree centigrade;	ometer shows		
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholismulator solution is being changed every four months or after 125 Alcoholic Breath Sin whichever occurs first.			
procedures we	t on the <u>25</u> day of <u>June</u> , 20 <u>8</u> the forgoing preventive were performed on the instrument indicated above, in accordance with current regulations of the of Health and Human Services, and the instrument is functioning properly.	maintenance le N.C.		
STATE OF THE STATE	Mary CHOLL 359			
	Signature of Certifying Official Certificate	number		

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 06/25/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	1:08pm 1:09pm
ACCY CHK	.07	1:09pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:11pm
AIR BLK	.00	1:12pm
SUB TEST	.00	1:13pm
AIR BLK	.00	1:14pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

/ Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Record Number: 535 Test Date: 06/25/2008 Test Time: 1:16pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:17pm
FLO	Pass	1:17pm
FC	Pass	1:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:17pm
SRC	Pass	1:17pm
DET	Pass	1:17pm
BAR	Pass	1:17pm
\mathtt{BT}	Pass	1:17pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:18pm

Preventive Maintenance Status: Pass

Pass

1:18pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jo	1 Instrument Location JONES COUNTY
Instrument Seria	al No. 8705 SHERIFF'S OFFICE
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 25 day of Jane, 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
OF GUM VIDEN	Lany E-Hall 354

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

Signature of Certifying Official

Certificate Number

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 06/25/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:30pm 2:31pm 2:32pm
AIR BLK	.00	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

Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 327
Test Date: 06/25/2008 Test Time: 2:37pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:38pm
SRC	Pass	2:38pm
DET	Pass	2:38pm
BAR	Pass	2:38pm
$\mathtt{B}\mathbf{T}$	Pass	2:38pm

Blank Tests

Test	Status	Time
ATR	Pass	2:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:39pm
CAL	Pass	2:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTO	OX EC/IR II
County F	Instrument Location_	BAT Mobile Unit 2
Instrument Se	Serial No. 608736 Sherif	F Dept.
The preventive four months a	tive maintenance procedures for the Intoximeters, Model Intox Es are:	
1.	Verify the ethanol gas canister displays pressure, or the al 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	2;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months of whichever occurs first.	in uncer 120 1300
I certify tha procedures Department	that on the	the forgoing preventive maintenance nce with current regulations of the N.C. ning properly.
CREAT SECTION OF THE CREAT SEC	STATE ON NORTH COLUMN YOUR Signature of Certifying Office	cial Certificate Number

PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008736 Test Date: 06/27/2008

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

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

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

Analyst's Name: 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	Pass .00 .08 .00	10:50pm 10:51pm 10:52pm 10:53pm 10:53pm
AIR BLK	.00	10:54pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC: 90, g/210L

Signature of Chemical Analyst

Court CVR

Ánalys

PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008736 Test Record Number: 110 Test Date: 06/27/2008 Test Time: 10:57pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:58pm
FC FLO	Pass Pass	10:58pm 10:58pm
1 0	1 455	10.50piii

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:58pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:59pm 10:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County		Instrument Location	BAT Medile Unia 2	
Instrument S	erial No. 008661	Sher.ff	Dep+.	
The preventi		Intoximeters, Model Intox EC	C/IR II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		pholic breath simulator thermometer shows	
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	l;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	Print test record;		
9.	Verify Diagnostic Program; ar	ad		
10.			expiration date, or the alcoholic breath fter 125 Alcoholic Breath Simulator tests,	
I certify that procedures w Department of	on the day of Health and Human Services, and	, 20 <u>C</u> dicated above, in accordance the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C. properly.	
THE STATE OF THE S	CARO	Mc de	601	

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

Signature of Certifying Official

Certificate Number

PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008601 Test Record Number: 445
Test Date: 06/27/2008 Test Time: 11:05pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:06pm

Printer Tests

Test

CAL

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

Status

Time

Preventive Maintenance Status: Pass

Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 2 730

Serial Number: 008601 Test Date: 06/27/2008

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

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

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

Analyst's Name: 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	Pass	10:57pm 10:58pm
ACCY CHK	.07	10:58pm
AIR BLK	.00	10:59pm
SUB TEST	.00	11:00pm
AIR BLK	.00	11:01pm
SUB TEST	.00	11:03pm
AIR BLK	.00	11:04pm

Reported AC: .09 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

K. C. K

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wa	tauga Instrument Location Watauga Co. Jail
Instrument Seri	ial No. 87/5 Instrument Location Watavaga Co. Sail Boone, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
ARE STATE OF THE S	100 100 100 100 100 100 100 100 100 100
	Signature of Certifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 06/09/2008

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: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:30pm 1:31pm 1:32pm 1:33pm 1:33pm 1:34pm 1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Record Number: 92 Test Date: 06/09/2008 Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:39pm
FLO	Pass	1:39pm
FC	Pass	1:40pm

Temperature Tests

Status	Time
Pass	1:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

1:41pm

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:41pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/0	Instrument Location Watayga Co. Jail
Instrument S	erial No. 8716 Instrument Location Watavga Co. Jail Boone NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
TATE OF THE STATE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716 Test Date: 06/09/2008

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: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK ACCY CHK	.00 .08	1:32pm 1:33pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WATAUGA COUNTY WATAUGA JAIL 940

Test Record Number: 149 Serial Number: 008716 Test Date: 06/09/2008 Test Time: 1:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:40pm
FLO	Pass	1:40pm
FC	Pass	1:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
BT	Pass	1:41pm

Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

Printer Tests

Status

Time

Test

1050	beacub	11
PRNT	Pass	1:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:41pm 1:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //a	mood In	nstrument Location <u>Haywoo</u>	d Co. Jail
	ial No. <u>008712</u> <u>6</u>	Naymosville, NC	
The preventive four months are	maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to I	be followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree of		ath simulator thermometer shows
2.	Verify instrument displays time and	date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.	being changed before expiration very four months or after 125 A	n date, or the alcoholic breath Icoholic Breath Simulator tests,
	theday ofthe performed on the instrument indicated Health and Human Services, and the instrument	above, in accordance with curre	orgoing preventive maintenance ent regulations of the N.C.
O'NE STATE O'N NATE O	Doil.	R. Cuth	635
	Signature of	of Certifying Official	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 06/09/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:50am
ACCY CHK	.07	11:51am
AIR BLK	.00	11:52am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:55am
ATR BLK	. 00	11:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 182
Test Date: 06/09/2008 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:57am 11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance Status: Pass

Carif R. Cuth

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hay	wood Instrument Location Waywood Co. Jail
Instrument Seria	Instrument Location Naywood Co. Jail No. 008714 Waynesville, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 9 day of Jane, 20 8 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF THE STATE OF NOV. 10. 1772 A. WAY 10. 1772	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 06/09/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:19pm 12:19pm
ACCY CHK	.08	12:20pm
AIR BLK SUB TEST	.00 .00	12:21pm 12:22pm
AIR BLK	.00	12:22pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Record Number: 121 Test Date: 06/09/2008 Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:26pm
SRC	Pass	12:26pm
DET	Pass	12:26pm
BAR	Pass	12:26pm
BT	Pass	12:26pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:27pm 12:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Jac	Esan Instrument Location Jackson Co. Jail
Instrument Seria	INO. <u>008722</u> <u>Sylva</u> , NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
THE STATE OF NO.	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 06/05/2008

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Coth

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 107
Test Date: 06/05/2008 Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01am
FLO	Pass	10:01am
FC	Pass	10:01am

Temperature Tests

Status	Time
Pass	10:01am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:02am 10:02am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	Instrument Location NEW Hawover Co. Sheriff Dept
Instrument Seria	1No. 8626 Sher. 15 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.
procedures were	the
SEE STATE OF WAY SON 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.

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Date: 06/17/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:03am 11:04am 11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:09am
AIR BLK	.00	11:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626 Test Record Number: 576
Test Date: 06/17/2008 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:14am
SRC	Pass	11:14am
DET	Pass	11:14am
BAR	Pass	11:14am
\mathtt{BT}	Pass	11: 1 4am

Blank Tests

Test	Status	Time
AIR	Pass	11:15am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NEW	1 Harrover Instrument Location NEW Harrover Co
Instrument Serial	No. 8617 Instrument Location NEW Hamover Co
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	heday of
THE STATE OF NO. 1772 OF THE STATE OF NO. 1772 OF THE STATE OF NO. 1772 OF THE STATE OF THE STAT	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Date: 06/17/2008

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 271
Test Date: 06/17/2008 Test Time: 11:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:13am
FLO	Pass	11:13am
FC	Pass	11:14am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:14am

Printer Tests

Test

CAL

PRNT	Pass	11:14am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:14am

Pass

Status

Time

11:14am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County NE	W. Manouer Instrument Location WILLIAM	ng ton
Instrument Serial	No 8628 Instrument Location WILIMI	Dept.
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
I certify that on t procedures were Department of H	heday of	g preventive maintenance ulations of the N.C.
STATE OF NO. 1775 N. CO. 1775	Signature of Certifying Official	Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 06/17/2008

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:10pm 12:11pm 12:12pm 12:13pm 12:13pm 12:14pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Record Number: 317 Test Date: 06/17/2008 Test Time: 12:19pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT	Pass	12:19pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC	
County ^/	EW HANDVER Instrument Location UR	19/1/5V///E WEX
Instrument Seri	ial No8667	ILE DEpt.
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 by 34 degrees, plus or minus .2 degree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirat simulator solution is being changed every four months or after 125 whichever occurs first.	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures wer	the	irrent regulations of the N.C.
O'THE STATE OF THE	Signature of Certifying Official	634 Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 06/16/2008

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: RIVERA, ANTHONY

Permit Number: 08259E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:50am 10:51am 10:52am 10:53am 10:53am
SUB TEST AIR BLK	.00 .00	10:56am 10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 161 Test Date: 06/16/2008 Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· 	Instrument Location Carokins DEACH
Instrument Seria	INO. S661 POLICE DEPE.
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
STATE OF NO.	Residence of the state of the s

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Date: 06/16/2008

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: RIVERA, ANTHONY
Permit Number: 08259E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	11:58am 11:59am
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661 Test Record Number: 308
Test Date: 06/16/2008 Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:08pm 12:08pm

Preventive Maintenance Status: Pass

Analýst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	BRUNSWICK Instrument Location Brunswick County
Instrument Ser	rial No 8585 Instrument Location Brunswick Goundy
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
TO THE STATE 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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 06/24/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:33pm 4:34pm 4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:36pm
AIR BLK SUB TEST	.00 .00	4:37pm 4:39pm
ATR BLK	.00	4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Record Number: 561 Test Date: 06/24/2008 Test Time: 4:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:43pm
CAL	Pass	4:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_5	ZICIISWICK Instrument Location Brush	sweek County
Instrument Seria	Instrument Location Brush	Dept
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Ale whichever occurs first.	
	the 24 day of June, 20 08 the for performed on the instrument indicated above, in accordance with currer lealth and Human Services, and the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
OTAL STATE OF NOTICE OF NO	Signature of Certifying Official	Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 06/24/2008

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: 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	4:32pm
AIR BLK	.00	4:34pm
ACCY CHK	.07	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 253
Test Date: 06/24/2008 Test Time: 4:41pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	4:42pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	4:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	4:43pm 4:43pm
		_

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PENDER	Instrument Location_	PENDER	County
Instrument Seri	ial No. <u>8946</u>		Sheriks	County Sept.
The preventive four months are	maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be followed	i at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample	e;	
7.	When "PLEASE BLOW" appears	s, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.			
I certify that on procedures wer Department of	the	ited above, in accordar	the forgoing proce with current regulating properly.	eventive maintenance ions of the N.C.
THE STATE OF THE S	A S	Romes Lu) 101a	634

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

Signature of Certifying Official

Certificate Number

PENDER PENDER CO SD 700

Serial Number: 008946 Test Date: 06/19/2008

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:13am 10:14am 10:14am 10:15am 10:16am 10:16am
AIR BLK SUB TEST	.00 .00	10:16am
_		
AIR BLK	.00	10:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PENDER PENDER CO SD 700

Serial Number: 008946 Test Record Number: 92 Test Date: 06/19/2008 Test Time: 10:21am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:22am

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	anly	Instrument Location_	Stanly Co. S.D.
Instrument Seria	11 No. <u>608843</u>	2015. Seco 704-986-	nd St. Albemarle
The preventive i			EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		coholic breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample	;
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.			re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,
		cated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ng properly.
OF THE STATE OF A THE	Bolley Signa	ure of Certifying Officia	Contificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 06/20/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

-/01AT

mi ma

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

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

Rev. 12/2007

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Record Number: 43 Test Date: 06/20/2008 Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

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

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	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time

Test	ptatus	TIME
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	anly	Instrument Location	Stanly Co.	5. D.
Instrument Seria	1No. <u>CO8824</u>	3015.5ecor 704-986-	1	narle
The preventive n four months are:	•	ne Intoximeters, Model Intox E	C/IR II to be followed a	it least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	eter displays pressure, or the al	coholic breath simulator	thermometer shows
2.	Verify instrument displays t	time and date;		
3.	Initiate breath test sequence	5 € ;		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy;	;		
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" a	ppears, collect breath sample	,	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		canister is being changed before changed every four months or		
	performed on the instrument	indicated above, in accordance the instrument is functioning	e with current regulation	entive maintenance ns of the N.C.
STATE OF A	S S	Stroy D. U. ignature of Certifying Officia		j ificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 06/20/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolly D. Willis

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Record Number: 57 Test Date: 06/20/2008 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	Pass	12:21pm
SRC	Pass	12:21pm
DET	Pass	12:21pm
BAR	Pass	12:21pm
BT	Pass	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 CAL	Pass Pass	12:21pm 12:21pm

Preventive Maintenance Status: Pass

Bolley D. Willis
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA.	MANCE Instrum	ent Location <u>Base</u>	RLINGTON PD
Instrument Seria	ial No. <u>008812</u> 267 h	1. FRONT ST	BURLINGTON, NC
The preventive r	maintenance procedures for the Intoximeters,	Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister displays pre 34 degrees, plus or minus .2 degree centigr		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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every f whichever occurs first.		
I certify that on t procedures were Department of H	the 30 day of 500 E e performed on the instrument indicated above Health and Human Services, and the instrume	, 20 OF e, in accordance with nt is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
OM STATE OF N	# CARO Signature of Cer	Smith tifying Official	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 06/30/2008

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: 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	Pass	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:26pm
AIR BLK	.00	1:27pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Record Number: 66 Test Date: 06/30/2008 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

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

Test	Status	TIME
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ALAMANCE	Instrument Location Buk	CUNCTON PA
Instrument	Serial No. <u>008907</u>	267 W. FIROMET ST.	BURLINSTON, NC
The preven	•	r the Intoximeters, Model Intox EC/IR	I to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholiss .2 degree centigrade;	c breath simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	су;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progra	am; and	
10.		as canister is being changed before exping changed every four months or after 1	
I certify that procedures Department	at on the <u>SO</u> day of were performed on the instrument of Health and Human Services	フレベモ , 20 <u>D</u> ⊗ ent indicated above, in accordance with and the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.
CREATING STATES OF THE	NE OF NORTH CAROLINA	Signature of Certifying Official	Certificate Number

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 06/30/2008

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: 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	Pass	1:20pm
AIR BLK	.00	1:21pm
ACCY CHK	.07	1:22pm
AIR BLK	.00	1:23pm
SUB TEST	.00	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:25pm
ATR BLK	.00	1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Record Number: 67 Test Date: 06/30/2008 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time	
AIR	Pass	1:29pm	

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

 CAL

1:29pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ALAMAN	10E	Instrument Locatio	n ALAI	MANCE	Co. JAIL
Instrument	Serial No	08853	109 S.MAP.	16 ST.	GRANA	M, NC
The prever		procedures for th	e Intoximeters, Model Into	ox EC/IR II to	be followed a	at least once every
1.			ter displays pressure, or th degree centigrade;	ne alcoholic bi	eath simulator	thermometer shows
2.	Verify ins	strument displays t	ime and date;			
3.	Initiate bro	eath test sequence	;			
4.	Enter info	rmation as prompt	ted;			
5.	Verify ins	trument accuracy;				
6.	When "PL	EASE BLOW" a	ppears, collect breath sam	ple;		
7.	When "PL	EASE BLOW" a	ppears, collect breath sam	ple;		
8.	Print test r	record;				
9.	Verify Dia	agnostic Program;	and			
10.	simulator		anister is being changed b hanged every four months			
I certify the procedures Departmen	at on the 200 were performed of t of Health and H	day of on the instrument uman Services, an) しんを , 2 indicated above, in accord d the instrument is function	20 <u>28</u> the fance with curoning properly	forgoing prev rent regulatio	entive maintenance ns of the N.C.
AND BEST AND SECOND SEC	ATE ON LONG THE CAROLINA THE CA		ignature of Certifying Off	Á.	——————————————————————————————————————	ficate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 06/30/2008

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: 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

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

Reported AC: 2.00 g/210L

Signature of Chemical Analyst

Court CVR.

Analys

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Record Number: 42 Test Date: 06/30/2008 Test Time: 4:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:12pm
FLO	Pass	4:12pm
FC	Pass	4:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:12pm
SRC	Pass	4:12pm
DET	Pass	4:12pm
BAR	Pass	4:12pm
BT	Pass	4:12pm

Blank Tests

Test	Status	Time
AIR	Pass	4:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:13pm

4:13pm

Pass

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wil	
Instrument Seria	AL No. 008652 /DDE. Greene St., Wilson, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>JS</u> day of <u>JUNP</u> , 20 <u>S</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
THE STATE OF N	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 06/25/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:44am 10:45am 10:46am
ACCY CHK AIR BLK	.08	10:46am 10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
ATR BLK	. 0.0	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 572 Test Date: 06/25/2008 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
${ t FLO}$	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

rest	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:00am

11:00am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETI	ERS, MODEL INTOX EC/I	RII
County //	lson	_ Instrument Location <u>(U, 150 v?</u>	Co. Detention Centre
Instrument Seri	al No. 008627	100 E. Groene St.	Wilson, NC
The preventive four months are	-	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breadegree centigrade;	th 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" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	ı
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 Ale	
I certify that on procedures were Department of I	the <u>25</u> day of <u>Jo</u> performed on the instrument in Health and Human Services, and	dicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance at regulations of the N.C.
OF THE STATE OF TH	OR THE CAROLINA Sign	nature of Certifying Official	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 06/25/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	10:39am 10:40am 10:41am 10:42am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

.00 g/21/0L

Signature of Chemical Analyst

Court CVR

WILSON COUNTY WILSON CO DETENTION 970

Test Record Number: 264 Serial Number: 008627 Test Time: 11:15am EDT Test Date: 06/25/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:16am 11:16am
FLO FC	Pass Pass	11:16am
I'C	гарр	TT. TOWN

Temperature Tests

Test	Status	Time
FC1	Pass	11:16am
SRC	Pass	11:16am
DET	Pass	11:16am
BAR	Pass	11:16am
\mathtt{BT}	Pass	11:16am

Blank Tests

Test	Status	Time
AIR	Pass	11:17am

Printer Tests

Test	Status	Time
PRNT	Pass	11:17am

CRC Tests

Test	Status	Time
COMP	Pass	11:17am
CAL	Pass	11:17am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	1 ,		
County	VidsoN	Instrument Location Thema	sulle TD
Instrument Seria	al No. <u>008872</u>	Thenasville	, N.C.
			
The preventive r		e Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath degree centigrade;	ı simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		unister is being changed before expiration d nanged every four months or after 125 Alco	
procedures were	performed on the instrument is	, 20 S the forg ndicated above, in accordance with current d the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF AN AUTO OF THE STATE OF AN AUTO OF THE STATE OF AN AUTO OF THE STATE OF AUTO OF THE STATE OF THE	Sin Sin	gnature of Certifying Official	Certificate Number

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 06/25/2008

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

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

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

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Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:54pm 12:55pm 12:55pm
ACCI CHK	.00	12:56pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Lean

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 06/25/2008

Test Record Number: 46
Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:02pm 1:02pm
FC	Pass Pass	1:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:03pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:03pm

Preventive Maintenance Status: Pass

Pass

1:03pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	Instrument Location DAVIDSON CO. JAIL
Instrument Seri	ial No. UCEE45 Lexington, 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.
procedures were	the 351 day of June, 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Service Coan (64)

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

/ Signature of Certifying Official

Certificate Number

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 06/25/2008

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

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

/010T TI----

Test	g/210L	Time
DIAG	Pass	4:29pm
AIR BLK	.00	4:30pm
ACCY CHK	.08	4:31pm
AIR BLK	.00	4:31pm
SUB TEST	.00	4:32pm
AIR BLK	.00	4:33pm
SUB TEST	.00	4:34pm
AIR BLK	.00	4:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Dean

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 59
Test Date: 06/25/2008 Test Time: 4:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:38pm
FLO	Pass	4:38pm
FC	Pass	4:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:38pm
SRC	Pass	4:38pm
DET	Pass	4:38pm
BAR	Pass	4:38pm
\mathtt{BT}	Pass	4:38pm

Blank Tests

Test	Status	Time
AIR	Pass	4:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:39pm

Preventive Maintenance Status: Pass

Pass

CAL

4:39pm

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Lexingren PD
Instrument Seria	al No. 008883 LexingTan, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
OR STATE OF NO.	Signature of Certifying Official Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 06/25/2008

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

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	3:22pm 3:22pm
ACCY CHK	.07	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:27pm
ATR RIK	. 00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Record Number: 51 Test Date: 06/25/2008 Test Time: 3:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:30pm
FLO	Pass	3:30pm
FC	Pass	3:30pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
\mathtt{BT}	Pass	3:30pm

Blank Tests

Test	Status	Time
ATR	Pass	3:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:31pm 3:31pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D4	Instrument Location DAVIE CONTY JAIL
Instrument Se	erial No. 008905 Macksville, 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 w	on the 26+ Aday of 5000, 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.
WIE STATE WAS 25. 177 WAS 25. 177 WAS 26. 177 WAS 26. 177	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 06/26/2008

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

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

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 40 Test Date: 06/26/2008 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:24pm
FLO	Pass	12:24pm
FC	Pass	12:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
BT	Pass	12:24pm

Blank Tests

Test	Status	Time
ATR	Pass	12.25pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:25pm 12:25pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	SURRY	Instrument Location_	BAT	Mosi	LE UNIT 3
Instrument	Serial No. <u>008707</u>	Instrument Location	MT.	AIRY,	,NC
The prevent four months	tive maintenance procedures for are:	the Intoximeters, Model Intox	EC/IR II to b	e followed	I at least once every
1.	Verify the ethanol gas car 34 degrees, plus or minus	nister displays pressure, or the a .2 degree centigrade;	alcoholic brea	th simulat	or thermometer show
2.	Verify instrument displays	s time and date;			
3.	Initiate breath test sequence	ce;			
4.	Enter information as prom	pted;			
5.	Verify instrument accuracy	у;			
6.	When "PLEASE BLOW"	appears, collect breath sample	•		
7.	When "PLEASE BLOW"	appears, collect breath sample	•		
8.	Print test record;				
9.	Verify Diagnostic Program	; and			
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or	re expiration after 125 Alc	date, or the	e alcoholic breath eath Simulator tests,
I certify that o procedures we Department of	on the <u>27</u> day of	indicated above, in accordance the instrument is functioning	a with current	going prev t regulatio	rentive maintenance ns of the N.C.
STATE OF STA	NOT THE CAROLINA				
A FOSE QUAM VIDE	alin	Ray Bene	.		648
		gnature of Certifying Official	<u></u>		ficate Number

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008707 Test Date: 06/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

12/01/2007-12/01/2009

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

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

Test	g/210L	Time
DIAG	Pass	8:28pm
AIR BLK	.00	8:29pm
ACCY CHK	.08	8:30pm
AIR BLK	.00	8:31pm
SUB TEST	.00	8:31pm
AIR BLK	.00	8:32pm
SUB TEST	.00	8:34pm
AIR BLK	.00	8:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008707

Test Record Number: 95

Test Date: 06/27/2008

Test Time: 8:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:36pm
FLO	Pass	8:36pm
FC	Pass	8:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:36pm
SRC	Pass	8:36pm
DET	Pass	8:36pm
BAR	Pass	8:36pm
ВT	Pass	8:36pm

Blank Tests

Test	Status	Time
AIR	Pass	8:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:37pm

CRC Tests

Test	Status	Time
COMP	Pass	8:37pm
CAL	Pass	8:37pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	,	Instrument Location_	BATMOBILE UNIT 3
Instrument S	erial No. <u>008614</u>		BATMOBILE UNIT 3 MT. AIRY, NC
The prevention four months	•	toximeters, Model Intox E	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		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" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, 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,
I certify that o procedures we Department of	on the	ated above, in accordance instrument is functionin	the forgoing preventive maintenance with current regulations of the N.C. g properly.
STATE ONE STATE OF THE STATE OF	CAROLLI CAROLL	Ray Bon	L 648
	Signat	ure of Certifying Official	Certificate Number

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008616 Test Date: 06/27/2008

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

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

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

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

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

Test Type: Breath Test

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

AIR BLK .00 8:42pr ACCY CHK .07 8:42pr AIR BLK .00 8:43pr SUB TEST .00 8:43pr AIR BLK .00 8:44pr SUB TEST .00 8:46pr	Test	g/210L	Time
SUB TEST .00 8:43pm AIR BLK .00 8:44pm SUB TEST .00 8:46pm	AIR BLK ACCY CHK	.00	8:41pm 8:42pm 8:42pm
SUB TEST .00 8:46pm			8:43pm
_			8:44pm
			8:46pm 8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008616 Test Record Number: 263
Test Date: 06/27/2008 Test Time: 8:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:48pm
FLO	Pass	8:48pm
FC	Pass	8:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:48pm
SRC	Pass	8:48pm
DET	Pass	8:48pm
BAR	Pass	8:48pm
BT	Pass	8:48pm

Blank Tests

Test	Status	Time
AIR	Pass	8:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm

CRC Tests

Test	Status	Time
COMP	Pass	8:49pm
CAL	Pass	8:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

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

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

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008647 Test Date: 06/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:42pm 8:42pm
ACCY CHK	.07	8:43pm
AIR BLK	.00	8:44pm
SUB TEST	.00	8:44pm
AIR BLK	.00	8:45pm
SUB TEST	.00	8:46pm
AIR BLK	.00	8:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anályst

SURRY COUNTY BAT MOBILE UNIT 3 850

Serial Number: 008647 Test Record Number: 290 Test Date: 06/27/2008 Test Time: 8:48pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:48pm
FLO	Pass	8:48pm
FC	Pass	8:48pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:49pm
CAL	Pass	8:49pm

Preventive Maintenance Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gra	anville Instrument Location BAT Mobile Unit 4
Instrument Ser	ial No. <u>00 8717</u>
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 8 day of 1, 20
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008717 Test Record Number: 64 Test Date: 06/28/2008 Test Time: 10:05pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06pm
FLO	Pass	10:06pm
FC	Pass	10:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:06pm
SRC	Pass	10:06pm
DET	Pass	10:06pm
BAR	Pass	10:06pm
BT	Pass	10:06pm

Blank Tests

Test	Status	Time
AIR	Pass	10:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:07pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07pm 10:07pm

Preventive Maintenance Status: Pass

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008717 Test Date: 06/28/2008

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: 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	9:41pm 9:42pm 9:43pm 9:43pm 9:44pm 9:45pm 9:46pm
AIR BLK	.00	9:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	woolph Instrument Location BAT Mobile Unit 4
Instrument Se	erial No. <u>008)34</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 2 th day of, 2008 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CARO CARO CARO CARO CARO CARO CARO CARO
ESE QUAM VIDE	Dani Ottowall se CSI

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

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008734 Test Record Number: 84 Test Date: 06/27/2008 Test Time: 7:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:30pm
FLO	Pass	7:30pm
FC	Pass	7:30pm

Temperature Tests

Status	Time
Pass	7:30pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:31pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:31pm 7:31pm

Preventive Maintenance Status: Pass

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008734 Test Date: 06/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	7:21pm
	.00	7:22pm
AIR BLK		_
ACCY CHK	.07	7:23pm
AIR BLK	.00	7:23pm
SUB TEST	.00	7:24pm
AIR BLK	.00	7:25pm
SUB TEST	.00	7:27pm
ATR BLK	.00	7:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Q	udolph	Instrument Location PAT M	while work 4
Instrument Se	rial No. <u> </u>		
The preventive four months as	e maintenance procedures for the Into	ximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		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	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.		tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
	n the	ited above, in accordance with c	
OREAL STATE OF THE	NORTH CAROLINA CAROLI	The contract of the contract o	
	Signatu	re of Certifying Official	Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008717 Test Record Number: 59 Test Date: 06/27/2008 Test Time: 7:34pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: 008717 Test Date: 06/27/2008

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	7:26pm 7:27pm
ACCY CHK	.07	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:29pm
AIR BLK	.00	7:30pm
SUB TEST	.00	7:31pm
AIR BLK	.00	7:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jame Trualle



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gy	Tanville Instrument Location PAT Mobile Unit 4
Instrument Ser	rial No
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 28 day of , 2008 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Record Number: 89 Test Date: 06/28/2008 Test Time: 7:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:24pm
FLO	Pass	7:24pm
FC	Pass	7:24pm

Temperature Tests

Status	Time
Pass	7:24pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	7:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:25pm 7:25pm

Preventive Maintenance Status: Pass

Analyst

GRANVILLE COUNTY BAT MOBILE UNIT 4 380

Serial Number: 008734 Test Date: 06/28/2008

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: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	7:14pm 7:15pm 7:15pm 7:17pm 7:18pm 7:19pm 7:20pm
AIR BLK	.00	7:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (inberland Instrument Location CUMBERLAND
Instrument Seria	INO. 008633 COUNTY DETENTION CONTER
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
THE STATE OF NO.	Sold January 528

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

Signature of Certifying Official

Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Date: 06/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:26pm 1:27pm 1:27pm 1:28pm 1:29pm
AIR BLK SUB TEST	.00 .00	1:30pm 1:31pm
AIR BLK	.00	1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633 Test Record Number: 216
Test Date: 06/18/2008 Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:34pm 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
ATR	Pass	1 • 35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:35pm 1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	UMBERIAND Instrument Location FORT BRAGE. LEC
Instrument Se	rial No. <u>00 8903</u>
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n theday of, 20
STATE OF STA	CAROLL

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: 008903 Test Date: 06/19/2008

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:47pm 1:48pm 1:48pm 1:49pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:52pm
AIR BLK	.00	1:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND FORT BRAGG LEC. 250

Serial Number: 008903 Test Record Number: 67 Test Date: 06/19/2008 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:55pm
FLO	Pass	1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
${ t BT}$	Pass	1:55pm

Blank Tests

Test	Status	Time
λΤD	Dagg	1.56nm

Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:56pm 1:56pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 26	Instrument Location SANFORD
Instrument Seria	Instrument Location SANFORD Police DEPT.
The preventive a	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 procedures were Department of I	the 24 day of 5000, 2008 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TOTAL STATE OF THE	Signature of Certifying Official Certificate Number

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008657 Test Date: 06/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

g/210L	Time
Pass .00 .08	10:55am 10:56am 10:57am
•	10:58am
•	10:58am
	10:59am
.00	11:01am
.00	11:01am
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT. 520

Serial Number: 008657 Test Record Number: 631 Test Date: 06/24/2008 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:03am

Temperature Tests

Test	Status	Time
FC1	Pass	11:03am
SRC	Pass	11:03am
DET	Pass	11:03am
BAR	Pass	11:03am
\mathtt{BT}	Pass	11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:04am 11:04am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (EE Instrument Location <u>LEE</u>	County
Instrument Seri	al No. 008645 JAIL, SANFO	RD, NC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures wer Department of	the, 20, 20 the forgo e performed on the instrument indicated above, in accordance with current releasth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF HASTATE OF THE PROPERTY OF	Signature of Certifying Official	SDS Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 06/24/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:26pm 12:26pm 12:27pm 12:28pm 12:28pm 12:29pm 12:31pm
ATR BLK	.00	12:32pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 06/24/2008 Test Record Number: 551
Test Time: 12:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS. MODEL INTOX EC/IR II

County	ARNETT Instrument Location HARNETT
Instrument Ser	ial No. 008729 COUNTY, LEC.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 24 day of 500E, 2008 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF COLUMN TO STATE OF COLUMN VIDE OF COLUMN V	THE CARDUMAN CONTROL OF THE CA

HARNETT COUNTY LEC 420

Serial Number: 008729 Test Date: 06/24/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	2:32pm
AIR BLK	.00	2:33pm
ACCY CHK	.07	2:33pm
AIR BLK	.00	2:34pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:37pm
ATR BLK	.00	2:38pm

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY LEC 420

Serial Number: 008729 Test Record Number: 199 Test Date: 06/24/2008 Test Time: 2:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:41pm
SRC	Pass	2:41pm
DET	Pass	2:41pm
BAR	Pass	2:41pm
BT	Pass	2:41pm

Blank Tests

Test	Status	Time
ATR	Pass	2:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:41pm

Pass

2:41pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	ARNett Instrument Location + ARNett
Instrument Seri	al No. 008730 COUNTY, CEC,
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
STATE OF THE STATE	# CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY LEC 420

Serial Number: 008730 Test Date: 06/24/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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	3:00pm 3:00pm 3:01pm 3:02pm 3:02pm 3:03pm 3:05pm
AIR BLK	.00	3:05pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY LEC 420

Serial Number: 008730 Test Record Number: 117 Test Date: 06/24/2008 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	3:08pm
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	3:08pm
C	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:08pm 3:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County #	Instrument Location WNN
Instrument Seria	al No. 008644 Police Dept
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.
	theday of, 20, 20
OT ME STATE ON ANY 20, 1772 N	Service 578

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

Signature of Certifying Official

Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 06/24/2008

Citation Number: M0000000-0 Subject's Name:

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	4:32pm 4:33pm 4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Record Number: 547

Test Date: 06/24/2008 Test Time: 4:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:40pm
SRC	Pass	4:40pm
DET	Pass	4:40pm
BAR	Pass	4:40pm
BT	Pass	4:40pm

Blank Tests

Test	Status	Time
AIR	Pass	4:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:41pm 4:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	UMBERIAND Instrument Location SECURITY TORCES
Instrument Seri	Instrument Location SECURITY TORCES al No. 008787 POPE, AFB North CAROLINA
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 25 day of JUNE, 2008 the forgoing preventive maintenance experiormed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CORD CARGO CONTRACTOR

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

Signature of Certifying Official

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Date: 06/25/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

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

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:05pm 12:06pm 12:06pm 12:07pm 12:08pm 12:09pm 12:11pm
AIR BLK	.00	12:12pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND SECURITY FORCES 250

Serial Number: 008787 Test Record Number: 55 Test Date: 06/25/2008 Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:14pm 12:14pm
FC	Pass	12:14pm

Temperature Tests

Status	Time
Pass	12:14pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:15pm 12:15pm

Preventive Maintenance
Status: Pass

Analyst

41300/101

Certificate Number

PREVENTIVE MAINTENANCE RECORD

*	INTOXIMETERS, MODEL INTOX EC/IR II
County	ARNETT Instrument Location COATS TOLICE
Instrument So	erial No. 008861 DEPT, COATS NORTH CAROLINA
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 26 day of 50 NE, 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.

Signature of Certifying Official

HARNETT COATS POLICE DEPT. 420

Serial Number: 008861 Test Date: 06/26/2008

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: 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: AG722601 Exp Date: 08/13/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:44pm 1:45pm 1:46pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
ATR BLK	.00	1:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COATS POLICE DEPT. 420

Serial Number: 008861 Test Date: 06/26/2008 Test Record Number: 40 Test Time: 1:52pm 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
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance
_ Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	Instrument Location (OLD) EDENTAL POLICE PETT
Instrument Seria	INO. 66-00342? 5045. BROAD ST., Edepton, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he B 4 day of JUNE, 20 Of the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF N. ST	Signature of Certifying Official Certificate Number

CHOWAN COUNTY EDENTON PD 200

Serial Number: 008895 Test Date: 06/18/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

DIAG Pass 2:12	ma
AIR BLK .00 2:12 ACCY CHK .07 2:13 AIR BLK .00 2:14	mq mq
SUB TEST .00 2:14 AIR BLK .00 2:15	_
SUB TEST .00 2:17	_
AIR BLK .00 2:18	

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

CHOWAN COUNTY EDENTON PD 200

Serial Number: 008895 Test Date: 06/18/2008

Test Record Number: 55 Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:19pm
FLO	Pass	2:19pm
FC	Pass	2:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:19pm
SRC	Pass	2:19pm
DET	Pass	2:19pm
BAR	Pass	2:19pm
\mathtt{BT}	Pass	2:19pm

Blank Tests

Test	Status	Time
AIR	Pass	2:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:20pm
CAL	Pass	2:20pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	PATES Instrument Location GATES Co. S.O.
Instrument S	Gerial No. 008884 200 COURT ST., GATESVILLE, N.C
The prevent four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
TAN 10. II	Signature of Certifying Official Certificate Number

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 06/12/2008

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

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

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

g/210L	Time
Pass .00 .07	11:59am 12:00pm 12:00pm
.00	12:01pm
.00	12:02pm
.00	12:02pm
.00	12:05pm
.00	12:06pm
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Red Test Date: 06/12/2008 Test Tim

Test Record Number: 44
Test Time: 12:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:08pm 12:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Carolin	Instrument Location	190000	<u> </u>
Instrumen	t Serial No.	Dog E. K.	M. 36,	Kinnan J.C
The preve	ntive maintenance procedures for t hs are:	he Intoximeters, Model Intox E	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the al 2 degree centigrade;	coholic breath sim	ulator thermometer shows
2.	Verify instrument displays	time and date;		
, 3 .	Initiate breath test sequenc	e;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	<i>7</i> ;		
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;	,	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		;
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or	re expiration date, after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
procedure	nat on theday of s were performed on the instrumen nt of Health and Human Services, a	t indicated above, in accordance	e with current regu	preventive maintenance plations of the N.C.
CORPACTOR OF THE CORP	CAROLLI 173 AC CAROLL			
ESS QU	AM VIDER!	an Cac	with the same of t	647
		Signature of Certifying Officia		Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 06/20/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:12am 11:13am 11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Record Number: 260 Test Date: 06/20/2008 Test Time: 11:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Status	Time
Pass	11:21am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:22am
CAL	Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County LE,	NOIR Instrument Location LENDIX 60. 5.0.
Instrument Serial	No. 008639 130 QUEEN ST., KINISTON N.C.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	the OFA day of JUNE, 20 OF 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.	Finil N. Keesl 647
	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 06/20/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: 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	10:41am 10:42am 10:42am 10:43am 10:43am 10:44am
AIR BLK	.00	10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Record Number: 273
Test Date: 06/20/2008 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:51am 10:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAYNE Instrument Location Symon John won A.F. B.
Instrumen	Serial No. 008786 Instrument Location Sympus Johnson A.F. B. 1010 HERNONT GARRISON R.D., COOLSOND, N
The preve	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
THE CREATE TO SEE A SEE	Signature of Certifying Official Certificate Number

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Date: 06/24/2008

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: 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	Pass	2:57pm
AIR BLK	.00	2:58pm
ACCY CHK	.07	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:03pm
AIR BLK	.00	mqE0:E

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786 Test Record Number: 53 Test Date: 06/24/2008 Test Time: 3:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:05pm
FLO	Pass	3:05pm
FC	Pass	3:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:05pm
SRC	Pass	3:05pm
DET	Pass	3:05pm
BAR	Pass	3:05pm
BT	Pass	3:05pm

Blank Tests

Test	Status	Time
AIR	Pass	3:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:06pm
	CRC Tests	
Test	Status	Time

TCSC	Scacus	TIME
COMP	Pass	3:06pm
CAL	Pass	3:06pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. Section 1988 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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 3 day of 30 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County S	MULTE	Instrument Location_	CREEHOL	PD
four months 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. 1 certify that on the	Instrument Seria	1 No. 51-00 8641	MASON	16 57, 6	lssnewic, NC
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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	•	-	Intoximeters, Model Intox I	EC/IR II to be followed	ed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.			lcoholic breath simul	ator thermometer shows
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	2.	Verify instrument displays tin	ne and date;		
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the 3 day of 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	3.	Initiate breath test sequence;			
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	4.	Enter information as prompte	d;		
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;			
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the 3 day of 4, 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	6.	When "PLEASE BLOW" appears, collect breath sample;			
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;			
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;			
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; a	nd		
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being ch	nister is being changed befo anged every four months or	ore expiration date, or after 125 Alcoholic	the alcoholic breath Breath Simulator tests,
OS CANADA	I certify that on procedures were Department of I	the <u>33</u> day of <u>50</u> performed on the instrument in lealth and Human Services, and	عرب , 20 dicated above, in accordance the instrument is functioning	the forgoing postering the with current regulating properly.	reventive maintenance ations of the N.C.
Signature of Certifying Official Certificate Number	OGEN	Some Carolina Carolin	gnature of Certifying Officia		S 2

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 06/23/2008

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: Unknown

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

lest type. Breath test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:52am 10:52am 10:53am 10:54am 10:54am 10:55am 10:57am
SUB TEST	• • •	10:57am
AIR BLK	.00	TO: 284111

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 298 Test Date: 06/23/2008 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01am

11:01am

Preventive Maintenance Status: Pass

CAL

Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	AUGIE Instrument Location OXFORD PD
Instrument Ser	rial No. SN-008873 BOY E. MCZLALATAN ST OXFORD, NE
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.
	the
OTHE STATE OF THE	Signature of Certifying Official Certificate Number

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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Date: 06/23/2008

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

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

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

Test	g/210L	Time
DIAG	Pass	1:01pm
AIR BLK	.00	1:02pm
ACCY CHK	.08	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:07pm
ATR BLK	. 00	1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008873 Test Record Number: 48 Test Date: 06/23/2008 Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

Printer Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WF	Instrument Location WALREU CO. JAK
Instrument Serial	No. 9 008793 HWY 58 WALLENTON, WC
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	ne \ \ day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STATE OF NO.	Signature of Certifying Official Certificate Number

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

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 06/18/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	12:32pm 12:33pm
ACCY CHK	.07	12:34pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
ATR BLK	.00	12:38pm

Reported AC: .00 g/21QL

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Record Number: 44 Test Date: 06/18/2008 Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:40pm
SRC	Pass	12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
\mathtt{BT}	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ()	ARREN Instrument Location NORLINA PD
Instrument Seria	11 No. SN-008945 101 MAN ST NORLINA, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the \ \ \ \ day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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.

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 06/18/2008

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

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:59am 11:00am
ACCY CHK	.08	11:00am
AIR BLK	.00	11:01am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: 00 g/210L

Signature of Chewical Analyst

Court CVR

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

Rev. 12/2007

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Record Number: 41 Test Date: 06/18/2008 Test Time: 11:06am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:07am 11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance Status: Pass

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	STOKES	_ Instrument Location_	BAT Misne	Unit 3
Instrument S	erial No. <u>008647</u>		BATMESILE. KING, NC	
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox	EC/IR II to be followed at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic breath simulator therm	ometer shows
2.	Verify instrument displays tim	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! ;		
5.	Verify instrument accuracy;		·	
6.	When "PLEASE BLOW" app	ears, collect breath sample	• •	
7.	When "PLEASE BLOW" app	ears, collect breath sample	· •	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed befo nged every four months or	re expiration date, or the alcoho after 125 Alcoholic Breath Sim	olic breath nulator tests,
procedures we	n the	licated above, in accordanc	e with current regulations of the	maintenance e N.C.
OF THE STATE OF THE OF	Alem	Ray Bon	L 648	ġ
	Sign	ature of Certifying Officia	Certificate N	lumber

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

STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008647 Test Date: 06/21/2008

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

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

Analyst's Name: 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 BLI ACCY CI AIR BLI SUB TES	HK .07 K .00	9:20pm 9:21pm 9:21pm 9:22pm 9:22pm
AIR BLE	٥٥. ٢	9:23pm
SUB TES		9:25pm
AIR BL	00.	9:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sems

STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008647

Test Record Number: 286

Test Date: 06/21/2008 Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:28pm
FLO	Pass	9:28pm
FC	Pass	9:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
\mathtt{BT}	Pass	9:28pm

Blank Tests

Test	St	atus	Time
ATR	Da	ss	9 · 29pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:29pm

CRC Tests

Test	Status	Time
COMP	Pass	9:29pm
CAL	Pass	9:29pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	5TOKES Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. 008616 Instrument Location BAT MOBILE UNIT 3
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	theday of, 20 the forgoing preventive maintenance ere 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

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

STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008616 Test Date: 06/21/2008

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

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

Analyst's Name: 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	9:32pm 9:33pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008616 Test Date: 06/21/2008

Test Record Number: 261
Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:40pm
FLO	Pass	9:40pm
FC	Pass	9:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

Printer Tests

'l'est	Status	Time
PRNT	Pass	9:41pm

CRC Tests

Test	Status	Time
COMP	Pass	9:41pm
CAL	Pass	9:41pm

Preventive Maintenance Status: Pass

Analyśt

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	STOKES	Instrument Location_	BAT MOBILE UNIT 3
Instrument	Serial No. 008707		BAT MOBILE UNIT 3 KING, NC
The preven	itive maintenance procedures for the s are:	e Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the a degree centigrade;	coholic breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	ınd	
10.	Verify that the ethanol gas cal simulator solution is being ch whichever 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 procedures w Department o		idicated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. g properly.
AND STATE OF THE S	a Calonia Allum	Ray Bu	~ Co48

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: 06/21/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	9:14pm 9:15pm 9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:16pm
AIR BLK	.00	9:17pm
SUB TEST	.00	9:19pm
AIR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst 1

STOKES COUNTY BAT MOBILE UNIT 3 840

Serial Number: 008707 Test Date: 06/21/2008

Test Record Number: 88 Test Time: 9:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:27pm

Printer Tests

Took

rest	Status	Time
PRNT	Pass	9:27pm
	CDC Maste	

CRC Tests

Test	Status	Time
COMP	Pass	9:27pm
CAL	Pass	9:27pm

Preventive Maintenance Status: Pass

Analyst '

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	ATOMINETERS, MODEL INTOX EC/IR II
County	SUILFORD Instrument Location BAT MUBILE UNIT 3
Instrument Ser	FUILFORD Instrument Location BAT MUBILE UNIT 3 rial No. 008707 GREENSBORD NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>ZO</u> day of <u>SUNE</u> , 20 <u>OS</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 OF AN	Signature of Certifying Official Certificate Number

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 06/20/2008

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

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

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

12/01/2007-12/01/2009

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:45pm 9:46pm
ACCY CHK	.07	9:46pm
AIR BLK	.00	9:47pm
SUB TEST	.00	9:47pm
AIR BLK	.00	9:48pm
SUB TEST	.00	9:50pm
AIR BLK	.00	9:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 84

Test Date: 06/20/2008

Test Time: 9:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:52pm
FLO	Pass	9:52pm
FC	Pass	9:52pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:52pm 9:52pm
DET	Pass	9:52pm
BAR	Pass	9:52pm
BT	Pass	9:52pm

Blank Tests

Test	Status	Time

AIR Pass 9:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:53pm

CRC Tests

Test	Status	Time
COMP	Pass	9:53pm
CAL	Pass	9:53pm

Preventive Maintenance Status: Pass

Ańalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(FUILFORD Instrument Location BAT	MOBILE UNIT 3
Instrument Se	erial No. <u>608647</u> Instrument Location GRE	ENSBORD, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to lare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	
I certify that or procedures we Department of	n the	orgoing preventive maintenance ent regulations of the N.C.
OTHE STATE OF THE	Signature of Certifying Official	Certificate Number

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 06/20/2008

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:49pm 9:50pm 9:50pm 9:51pm 9:52pm 9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Reco Test Date: 06/20/2008 Test Tin

Test Record Number: 280 Test Time: 9:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:56pm 9:56pm
FC	Pass	9:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:56pm
SRC	Pass	9:56pm
DET	Pass	9:56pm
BAR	Pass	9:56pm
BT	Pass	9:56pm

Blank Tests

rest	Status	Time
AIR	Pass	9 · 5 7 m

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm
	CRC Tests	
Test	Status	Time

Pass

Pass

9:57pm

9:57pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst ¹

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	(SUILFORD Instrument Location BAT MUSICE CIVIT 3
Instrument	modulion Escation 1911 The SICE CONTY 3
	Serial No. COSGIG Instrument Location BAT MUSICE UNIT 3 CREENSBORD, 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.
certify that on ocedures wer epartment of	the ZO day of JUNE , 20 08 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.

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

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 06/20/2008

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:01pm 10:02pm 10:03pm 10:04pm 10:04pm 10:05pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sens

GREENSBORO BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 253

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:09pm
FLO	Pass	10:09pm
FC	Pass	10:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:09pm
SRC	Pass	10:09pm
DET	Pass	10:09pm
BAR	Pass	10:09pm
BT	Pass	10:09pm

Blank Tests

rest	Status	Time
AIR	Pass	10:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:10pm

CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County//	Instrument Location BAT MOBILE UNIT 3 Fial No CHARLOTTE, NC
Instrument Ser	ial No. OOBGIG CHARLOTTE, NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
OF THE STATE OF AN TO SEE THE CONTROL OF THE STATE OF AN TO SEE THE CONTROL OF THE STATE OF AN TO SEE THE SECONDARY OF AN TO SEE THE STATE OF AN TO SEE THE SECONDARY OF AN TO SEE THE SECONDARY OF AN TO SECONDARY OF AN T	alm Ray Bamo 648
	Signature of Certifying Official Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 06/05/2008

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	Pass .00 .08	11:08pm 11:09pm 11:10pm
AIR BLK	.00	11:11pm
SUB TEST	.00	11:11pm
AIR BLK	.00	11:12pm
SUB TEST	.00	11:13pm
AIR BLK	.00	11:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 246
Test Date: 06/05/2008 Test Time: 11:15pm EDT

System Check: Passed

Baseline Tests

Test S	Status	Time
FLO I	Pass Pass Pass	11:16pm 11:16pm 11:16pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:17pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:17pm
CAL	Pass	11:17pm

Preventive Maintenance Status: Pass

Analykt

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Seri	ECKLENBURG Instrument Location BAT MOBILE UNIT 3 al No CHARLOTTE, 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 H	the
EEF QUAM VARAL	Mem Ray Banes 648 Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 06/05/2008

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	Pass	10:24pm 10:25pm
AIR BLK ACCY CHK	.00 .07	10:25pm
AIR BLK	.00	10:27pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:30pm
ATR BLK	.00	10:30pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 76 Test Date: 06/05/2008 Test Time: 10:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:32pm 10:32pm
FC	Pass	10:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:32pm
SRC	Pass	10:32pm
DET	Pass	10:32pm
BAR	Pass	10:32pm
BT	Pass	10:32pm

Blank Tests

Test	Status	Time
ATR	Pass	10:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:33pm

CRC Tests

I.I.	10:33pm 10:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument S	Gerial No. 008647 Instrument Location 10/11/10/100 CHARLOTTE, WC
The preventi	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF QUANTO	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: 008647 Test Date: 06/05/2008

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	Pass .00 .08 .00 .00	10:53pm 10:54pm 10:54pm 10:55pm 10:57pm
SUB TEST	.00	10:58pm
AIR BLK	.00	10:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 275
Test Date: 06/05/2008 Test Time: 11:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:00pm 11:00pm
FC	Pass	11:01pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:01pm
	CRC Tests	

Test	Status	Time
COMP	Pass	11:02pm
CAL	Pass	11:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <	incoln	Instrument Location_	BAT Mobile Unit 2
Instrument Se	rial No. <u>688601</u>	Wildlife	<u>.</u>
The preventiv		e Intoximeters, Model Intox I	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		coholic breath 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" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed befo nanged 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 day of ere performed on the instrument if f Health and Human Services, and	ndicated above, in accordance d the instrument is functioning	the forgoing preventive maintenance se with current regulations of the N.C. and properly.
STATE STATE OF STATE	No Maria Cara Cara Cara Cara Cara Cara Cara	gnature of Certifying Officia	Certificate Number
	Si	gnature of Certifying Officia	Il Certificate Number

LINCOLN COUNTY BAT MOBILE UNIT 2 540

Test Record Number: 440 Serial Number: 008601 Test Date: 06/21/2008 Test Time: 2:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:41pm
FLO	Pass	2:41pm
FC	Pass	2:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:42pm
SRC	Pass	2:42pm
DET	Pass	2:42pm
BAR	Pass	2:42pm
BT	Pass	2:42pm

Blank Tests

Test	Status	Time
AIR	Pass	2:42pm

Printer Tests

CAL

Test	Status	Time
PRNT	Pass	2:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:42pm

Preventive Maintenance Status: Pass

Pass

LINCOLN COUNTY BAT MOBILE UNIT 2 540

Serial Number: 008601 Test Date: 06/21/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	2:26pm 2:27pm 2:28pm 2:29pm 2:29pm 2:30pm
SUB TEST	.00	2:32pm
ATR BLK	. 00	2:32pm

Reported AC: ____.00 g/210L

Signature of Chemical Analyst

Court CVR

L. C. Mrs.

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	10, 1100 ==	P - 11/11 11/12
County 2/	ocoln	Instrument Location	BAT Mobile Wint 2
Instrument Serial	No. <u>608736</u>	whileth. Le	C
The preventive m four months are:			EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alegree centigrade;	lcoholic breath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	l;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample	; ;
7.	When "PLEASE BLOW" app	pears, collect breath sample	e;
8.	Print test record;		
9.	Verify Diagnostic Program; a		
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed befor anged every four months of	Fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the	, 20_ ndicated above, in accordar I the instrument is function	the forgoing preventive maintenance nce with current regulations of the N.C. hing properly.
OKEATO POR STATE OF THE STATE O	Option Control of the		
TESSE QUAM VIDER	<u></u>	gnature of Certifying Office	Certificate Number
	Si	ignature of Certifying Offic	ciai Cerificate Number

LINCOLN COUNTY BAT MOBILE UNIT 2 540

Serial Number: 008736 Test Record Number: 102 Test Date: 06/21/2008 Test Time: 2:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:43pm 2:43pm
FC	Pass	2:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
\mathtt{BT}	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Toct	Status	Time

Test	Status	Time
COMP	Pass	2:44pm
CAL	Pass	2:44pm

Preventive Maintenance Status: Pass

Analyst

LINCOLN COUNTY BAT MOBILE UNIT 2 540

Serial Number: 008736 Test Date: 06/21/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	2:34pm 2:35pm
ACCY CHK	.07	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm
SUB TEST	.00	2:40pm
ATR RIK	0.0	2:41pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mode

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	Instrument Location BAT Mobile Unit -
Instrument Seria	al No. <u>008734</u>
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
O THE STATE OF MAN 20, 1775 A SEE QUAM WIFE IN THE STATE OF MAN 20, 1775	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY BAT MOBILE UNIT 2 010

Serial Number: 008736 Test Record Number: 91 Test Date: 06/14/2008 Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

'l'est	Status	Time
AIR	Pass	3:23pm

Printer Tests

Test

CAL

Status Time

3:23pm

1050	Deacab	TIME
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:23pm

Preventive Maintenance Status: Pass

Pass

Analyst

ALEXANDER COUNTY BAT MOBILE UNIT 2 010

Serial Number: 008736 Test Date: 06/14/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	Pass	3:15pm 3:16pm
ACCY CHK	.08	3:16pm
AIR BLK SUB TEST	.00 .00	3:17pm 3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:20pm
AIR BLK	.00	3:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Ahro Analy

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	lexander Instrument Location BAT Mobile Unit 2
Instrument Se	erial No. <u>00 8601</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE STATE WAS 20. 177 WAS 2	K.C. Shock 601
	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY BAT MOBILE UNIT 2 010

Serial Number: 008601 Test Record Number: 434
Test Date: 06/14/2008 Test Time: 3:33pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:34pm
SRC	Pass	3:34pm
DET	Pass	3:34pm
BAR	Pass	3:34pm
\mathtt{BT}	Pass	3:34pm

Blank Tests

Test	Status	Time
AIR	Pass	3:34pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

ALEXANDER COUNTY BAT MOBILE UNIT 2 010

Serial Number: 008601 Test Date: 06/14/2008

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

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

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

Analyst's Name: 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	Pass	3:23pm 3:24pm
ACCY CHK	.07	3:24pm
AIR BLK	.00	3:25pm
SUB TEST	.00	3:26pm
AIR BLK	.00	3:27pm
SUB TEST	.00	3:28pm
AIR BLK	.00	3:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Phoo

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 161	Tecklesburg Instrument Location 13 AT Mabile 4.	10, + -
Instrument Ser	erial No. 668601 Charlotte PD	
The preventive four months are	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;	er shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic being simulator solution is being changed every four months or after 125 Alcoholic Breath Simulat whichever occurs first.	oreath or tests,
I certify that or procedures wer Department of	on the	itenance C.
OT ME STATE OF OTHER 12 DE PARTIE DE	Signature of Certifying Official Certificate Num	her

MECKLENBURG COUNTY BAT MOBILE UNIT 2 590

Serial Number: 008601 Test Record Number: 436
Test Date: 06/20/2008 Test Time: 11:52pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:52pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:53pm

Printer Tests

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

Preventive Maintenance Status: Pass

Anályst

C. Phale

MECKLENBURG COUNTY BAT MOBILE UNIT 2 590

Serial Number: 008601 Test Date: 06/20/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	11:44pm 11:45pm 11:46pm 11:47pm 11:47pm 11:48pm
SUB TEST	.00	11:50pm
ATR BLK	. 00	11:51pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 11/	ecklenburg	Instrument Location	BAT	Molife Chartz
Instrument Ser	ial No. <u>668736</u>	Charles	lite p	0
The preventive four months are	maintenance procedures for the	Intoximeters, Model Intox E	CC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		coholic breath	simulator thermometer shows
2.	Verify instrument displays time	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;		v	
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.			
I certify that on procedures wer Department of I	the day of Jc1 e performed on the instrument inc Health and Human Services, and	dicated above, in accordance the instrument is functionin	the forgon the with current in g properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	SAROUN SAROUN	Manaco		661
	Sigr	nature of Certifying Official		Certificate Number

MECKLENBURG BAT MOBILE UNIT 2 590

Serial Number: 008736 Test Record Number: 95 Test Date: 06/20/2008 Test Time: 11:44pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
EG1	D	33 45
FC1	Pass	11:45pm
SRC	Pass	11:45pm
DET	Pass	11:45pm
BAR	Pass	11:45pm
BT	Pass	11:45pm

Blank Tests

Test	Status	Time
AIR	Pass	11:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:46pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG BAT MOBILE UNIT 2 590

Serial Number: 008736 Test Date: 06/20/2008

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

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

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

Analyst's Name: 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	Pass .00 .08	11:37pm 11:38pm 11:38pm
AIR BLK SUB TEST	.00	11:39pm 11:40pm
AIR BLK SUB TEST	.00	11:41pm 11:42pm
AIR BLK	.00	11:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

11. Coffee

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Johnston	Instrument Location	BENSON	Palice
Instrumen	t Serial No. <u>OOSS85</u>		DEPT.	
The preve	ntive maintenance procedures for the hs are:	Intoximeters, Model Intox E	EC/IR II to be followed a	t least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		coholic breath simulator	thermometer show
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	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before anged every four months or	re expiration date, or the after 125 Alcoholic Brea	alcoholic breath ath Simulator tests,
procedure	nat on the day of s were performed on the instrument in nt of Health and Human Services, and	idicated above, in accordance	ce with current regulation	entive maintenance as of the N.C.
S S S S S S S S S S S S S S S S S S S	Sig	nature of Certifying Officia	na Cert	528 ificate Number

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885 Test Date: 06/13/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	5:10pm 5:11pm 5:11pm 5:12pm 5:12pm 5:13pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 47

Test Date: 06/13/2008

Test Time: 5:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:18pm 5:18pm
FC	Pass	5:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:18pm
SRC	Pass	5:18pm
DET	Pass	5:18pm
BAR	Pass	5:18pm
BT	Pass	5:18pm

Blank Tests

Test	Status	Time
AIR	Pass	5:19pm

Printer Tests

Test	Status	Time
PR NT	Pass	5:19pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:19pm
CAL	Pass	5:19pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes	Instrument Location_	Stokes	Co Jail
Instrumen	t Serial No. <u>008596</u>			
The preve	ntive maintenance procedures for th	e Intoximeters, Model Intox	EC/IR II to be followed	lowed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		alcoholic breath si	mulator thermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence	;		
4.	Enter information as prompt	ted;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" a	ppears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.			
I certify the procedures Department	nat on theday of s were performed on the instrument nt of Health and Human Services, ar	indicated above, in accordant the instrument is function	<u>⊘</u> the forgoince with current reading properly.	ng preventive maintenance gulations of the N.C.
LES PER PART OF THE CONTRACT O	AATE OF NORTH ARVINGENT AR	ignature of Certifying Offic		632 Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 06/11/2008

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	3:27pm
AIR BLK	.00	3:28pm
ACCY CHK	.08	3:28pm
AIR BLK	.00	3:29pm
SUB TEST	.00	3:30pm
AIR BLK	.00	3:31pm
SUB TEST	.00	3:33pm
AIR BLK	.00	3:33pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Jay a Juni

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 288
Test Date: 06/11/2008 Test Time: 3:36pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	3:36pm
SRC	Pass	3:36pm
DET	Pass	3:36pm
BAR	Pass	3:36pm
BT	Pass	3:36pm

Blank Tests

Test	Status	Time
AIR	Pass	3:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:37pm
	CRC Tests	
Test.	Status	Time

1000	Dododo	
COMP	Pass	3:37pm
CAL	Pass	3:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes		Instrument Location_	King	P. D.
Instrument	t Serial No. <u>0086</u> /	10			
The prever	ntive maintenance procedu	res for the In	toximeters, Model Intox l	EC/IR II to be foll	lowed at least once every
1.	Verify the ethanol 34 degrees, plus or	gas canister o minus .2 deg	lisplays pressure, or the a gree centigrade;	lcoholic breath si	mulator thermometer shows
2.	Verify instrument	displays time	and date;		
3.	Initiate breath test	sequence;			
4.	Enter information	as prompted;			
5.	Verify instrument	accuracy;			
6.	When "PLEASE E	BLOW" appe	ars, collect breath sample	•	
7.	When "PLEASE B	LOW" appe	ars, collect breath sample	;	
8.	Print test record;				
9.	Verify Diagnostic	Program; and	I		
10.	Verify that the ethic simulator solution whichever occurs to	is being chan	ster is being changed before ged every four months or	ore expiration date after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
I certify the procedure: Department	nat on theday s were performed on the in nt of Health and Human Se	of June strument indicates, and the	, 20	<u>උරි</u> the forgoin ce with current re ng properly.	ng preventive maintenance gulations of the N.C.
SE S	S C C C C C C C C C C C C C C C C C C C	Signa	ature of Certifying Officia	al	Certificate Number

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 06/11/2008

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722801-19 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 .00	2:01pm 2:02pm 2:02pm 2:03pm 2:04pm 2:05pm 2:06pm
AIR BLK	.00	2:07pm

Reported AC: /00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Record Number: 310

Test Date: 06/11/2008

Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:09pm 2:09pm
FC	Pass	2:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:09pm
SRC	Pass	2:09pm
DET	Pass	2:09pm
BAR	Pass	2:09pm
BT	Pass	2:09pm

Blank Tests

Test	Status	Time
AIR	Pass	2:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:10pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	2:10pm
CAL	Pass	2:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	OHNSTON Instrument Location CLAYTON P.D.
Instrument Seria	11 No. 008658 <u>CLAYTON</u> , NC
The preventive r four months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4. ~	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were j	ne 13 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 THE STATE OF TH	371
	Signature of Certifying Official Certificate Number

JOHNSTON CLAYTON PD. 500

Serial Number: 008658

Test Record Number: 158 Test Date: 06/13/2008 Test Time: 4:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	4:58pm
SRC	Pass	4:58pm
DET	Pass	4:58pm
BAR	Pass	4:58pm
BT	Pass	4:58pm

Blank Tests

Test	Status	Time
AIR	Pass	4:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:59pm
	CRC Tests	
Test	Status	Timo

1000	Scacus	TIME
COMP	Pass	4:59pm
CAL	Pass	4:59pm

Preventive Maintenance Status: Pass

JOHNSTON CLAYTON PD. 500

Serial Number: 008658 Test Date: 06/13/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG722801 Exp Date: 08/15/2009

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON	Instrument Location_	SELMA P.D.	
Instrument	t Serial No. <u>008595</u>	SELVMA,	NC	<u></u> .
The prever	ntive maintenance procedures for the Inns are:	ntoximeters, Model Intox I	EC/IR II to be followed at least once	e every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		Icoholic breath simulator thermome	ter shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	·	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.			re expiration date, or the alcoholic bafter 125 Alcoholic Breath Simulat	
	at on the <u>/3</u> day of <u>JU</u> were performed on the instrument indit t of Health and Human Services, and the	icated above, in accordanc		itenance C.
VATOR SELECTION OF	Signal Signal	The self	2 37/ 1 Certificate Num	her

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Record Number: 248
Test Date: 06/13/2008 Test Time: 2:49pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:50pm
SRC	Pass	2:50pm
DET	Pass	2:50pm
BAR	Pass	2:50pm
\mathtt{BT}	Pass	2:50pm

Blank Tests

Test	Status	Time
AIR	Pass	2:51pm

Printer Tests

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

Preventive Maintenance Status: Pass

Analyst

JOHNSTON SELMA PD 500

Serial Number: 008595 Test Date: 06/13/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:33pm 2:34pm
ACCY CHK AIR BLK	.07	2:34pm 2:35pm
SUB TEST	.00	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location Johnston Co. JAIL
Instrument	Serial No. 008846 6m/THFIELD, NO
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.
	at on the
CREAT SECTION OF SECTI	CAROLL CONTROLL CONTR
	Signature of Certifying Official Certificate Number

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 06/13/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:05pm 12:06pm 12:06pm 12:07pm 12:08pm 12:09pm 12:10pm
TATE DIN	.00	12:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 40 Test Date: 06/13/2008 Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:15pm
FLO	Pass	12:15pm
FC	Pass	12:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:15pm 12:15pm 12:15pm 12:15pm 12:15pm
		

Blank Tests

Test	Status	Time
AIR	Pass	12:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:16pm 12:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Inhustal	Instrument Location_	Johnston	
Instrument S	erial No. <u>008810</u>	County.	SAIC	
The preventi four months	we maintenance procedures for the are:	Intoximeters, Model Intox EC/I	R II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoh egree centigrade;	olic breath simulator thermometer show	
2.	Verify instrument displays time	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	l ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is being changed before ex nged every four months or afte	epiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,	
I certify that of procedures we Department o	on the day of ere performed on the instrument ind f Health and Human Services, and t	licated above, in accordance wi	_ the forgoing preventive maintenance th current regulations of the N.C. toperly.	
THE STATE OF THE S	Tul -	Durso	ic 523	
	Sign	ature of Certifying Official	Certificate Number	

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 06/13/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: SIMMONS, PAUL T

Permit Number: 08619E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	12:35pm 12:36pm 12:37pm 12:37pm 12:38pm 12:39pm
AIR BLK	.00	12:41pm 12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Record Number: 59 Test Date: 06/13/2008 Test Time: 12:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

Status

Time

12:47pm

Test

CAL

PRNT	Pass	12:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12-47pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	ANCE Instrument Location VANE CO. SHELL IT?
Instrument Seri	ial No. SU-008937 156 CHURCH ST, HENDERSON,
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
STATE OF THE STATE	
	Signature of Certifying Official Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 06/11/2008

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: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 01/01/2008-01/01/2010

> Officer's Name: QUARANTELLO, NICHOLAS J Type of Agency: FTA Agency: DHHS Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:33pm 2:34pm 2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:35pm
AIR BLK	.00	2:36pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:39pm

Reported AC: $.00 \, g/210L$

Chemical Analyst

Court CVR

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937 Test Date: 06/11/2008

Test Record Number: 43
Test Time: 2:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

2:44pm

nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	UA	ANTE Instrument Location UANCE	CO. SHELLIFTS
Instrume	ent Serial	rial No. SN - 068870 156 CHURCH ST	HENDERSON
The prev		e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:	wed at least once every
1.	•	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer shows
2.		Verify instrument displays time and date;	
3.		Initiate breath test sequence;	
4.		Enter information as prompted;	
5.		Verify instrument accuracy;	
6.		When "PLEASE BLOW" appears, collect breath sample;	
7.		When "PLEASE BLOW" appears, collect breath sample;	
8.	•	Print test record;	
9.	•	Verify Diagnostic Program; and	
10.		Verify that the ethanol gas canister is being changed before expiration date, simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
procedu	res were p	n the	g preventive maintenance ulations of the N.C.
GREAT	STATE ON NO	Signature of Certifying Official	Certificate Number

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Date: 06/11/2008

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:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
01/01/2008-01/01/2010

Officer's Name:
QUARANTELLO, NICHOLAS J
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	2:35pm 2:36pm 2:36pm 2:37pm 2:38pm 2:39pm 2:40pm
AIR BLK	.00	2:41pm

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

Analys

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VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870 Test Record Number: 45 Test Date: 06/11/2008 Test Time: 2:43pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
ΔTR	Pass	2:45pm

Printer Tests

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

2:45pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRA	MKLIN	Instrument Location Fig.	SANKLINTON	<u> 20</u>
Instrument Serial	No. <u>ひ</u> いてから	#7 W. MASON 57	FRANKLINT	on, NC
The preventive m four months are:	naintenance procedures for the In	toximeters, Model Intox EC	/IR II to be followed at	least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		holic 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" 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 chan whichever occurs first.	ter is being changed before ged every four months or aft	expiration date, or the a ter 125 Alcoholic Breat	alcoholic breath th Simulator tests,
procedures were	ne <u>OH</u> day of <u>TUN</u> performed on the instrument indi ealth and Human Services, and th	cated above, in accordance v	with current regulations	ntive maintenance s of the N.C.
TO THE STATE OF NO.	CARO Signa	D. Druth uture of Certifying Official		37

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 06/04/2008

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	5:13pm
AIR BLK	.00	5:13pm
ACCY CHK	.07	5:14pm
AIR BLK	.00	5:15pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm
SUB TEST	.00	5:18pm
ATP PLK	0.0	5 · 19pm

Reperted AC: .09 g/210L

Signature of Chemical Analyst

Court CVR

Analys

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 52 Test Date: 06/04/2008 Test Time: 5:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:22pm
FLO	Pass	5:22pm
FC	Pass	5:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:23pm
SRC	Pass	5:23pm
DET	Pass	5:23pm
BAR	Pass	5:23pm
BT	Pass	5:23pm

Blank Tests

Test	Status	Time
AIR	Pass	5:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:23pm 5:23pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	AKE	Instrument L	ocation UA	LE FOR	est PD
Instrument Seria	al No. <u>ひひざ7じ</u>	<u> 1/01 Di</u>	JEN ST.	WAKE	FOREST, NC
The preventive r four months are:	maintenance procedures for the In	toximeters, Mod	el Intox EC/IR	II to be follow	ved at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		, or the alcoholi	c breath simul	lator thermometer show
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	ars, collect breat	h sample;		
7.	When "PLEASE BLOW" appear	ars, collect breat	h sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.				
I certify that on t procedures were Department of H	the // day of July performed on the instrument indi- lealth and Human Services, and th	Cated above, in the instrument is	, 20 accordance with functioning prop	the forgoing parties that the contract regulors the contract regulors that the contract regulors that the contract regulors are the contract regulors that the contract regulors are the contract regulors are the contract regulors are the contract regulors.	preventive maintenance ations of the N.C.
THE STATE OF N. WAY TO SEE COMM VIEW TO	Signa Signa	J A	or Official		637 Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 06/11/2008

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

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

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

Test	g/210L	Time
DIAG	Pass	1:43pm
AIR BLK	.00	1:44pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm

Reported AC:

Chemical Analyst

Court CVR

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 101 Test Date: 06/11/2008 Test Time: 1:50pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:51pm

Preventive Maintenance Status: Pass

Pass

CAL

1:51pm

Analysf

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Win	Instrument Location / to viring	<u>6. S.O.</u>
Instrument Ser	rial No. <u>()() 8879</u>	305 E Main St, L	Williamston, N
The preventive four months are		oximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breatlee centigrade;	simulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration ed every four months or after 125 Alc	
	re performed on the instrument indic	£ , 20 <u>\(\int\) \(\int\) the for ated above, in accordance with current instrument is functioning properly.</u>	going preventive maintenance t regulations of the N.C.
ON THE STATE OF THE CONTROL OF THE C	CAROLL Signat	U. D. Hrand ureof Certifying Official	Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 06/04/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG	Pass	11:40am
AIR BLK	.00	11:41am
ACCY CHK	.07	11:42am
AIR BLK	.00	11:42am
SUB TEST	.00	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:45am
ATR BLK	0.0	11 · 46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Recordest Date: 06/04/2008 Test Time

Test Record Number: 42 Test Time: 11:47am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:48am
SRC	Pass	11:48am
D ET	Pass	11:48am
BAR	Pass	11:48am
BT	Pass	11:48am

Blank Tests

Test	Status	Time
AIR	Pass	11:48am

Printer Tests

Test	Status	Time
PRNT	Pass	11:48am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County May	Instrument Location May to S. C.
Instrument Serial	No. 008913 305 E. Main St., Williamstro, N.C.
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
THE STATE OF AN AND THE STATE OF AND THE STATE OF AN AND THE STATE	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 06/04/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: 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 .08 .00 .00 .00	12:55pm 12:55pm 12:56pm 12:57pm 12:57pm 12:58pm 12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 42 Test Time: 1:01pm EDT

Test Date: 06/04/2008

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:02pm
FLO	Pass	1:02pm
FC	Pass	1:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

CRC Tests

Test	Status	Time
COMP	Pass	1:03pm
CAL	Pass	1:03pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	Atford Instrument Location May Frees Doro Police I
Instrument Se	rial No. DD89060 115 E. Broad St., Murtressborg, A
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the 10 day of 1010 , 2008 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Held M. Muand 643 Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 06/10/2008

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: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	11:41am 11:42am 11:43am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:46am
AIR BLK	.00	11:47am

-/0107 Mima

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 44
Test Date: 06/10/2008 Test Time: 11:48am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:49am

Printer Tests

Test	Status	Time
PRNT	Pass	11:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:50am

Pass

11:50am

Preventive Maintenance Status: Pass

CAL

Analyst

1

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	thed	Instrument Le	ocation Ahoski-	· Police Dept
Instrument So	erial No. <u>(70 8848</u>	<u> 301 N.</u>	Main St. F	hostie, N.C.
The prevention four months	we maintenance procedures for the are:	e Intoximeters, Mod	el Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		, or the alcoholic breat	n 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	ppears, collect breat	h sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breat	h sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.			date, or the alcoholic breath oholic Breath Simulator tests,
I certify that procedures w Department of	on the	indicated above, in a	accordance with currer	going preventive maintenance it regulations of the N.C.
THE STATE OF THE S		6.J.1.4		643
	√ Si	gnature of Certifying	ng Official	Certificate Number

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 06/10/2008

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: AG809301 Exp Date: 04/02/2010

Test	g/210L	Time
DIAG AIR BLK	Pass	1:21pm 1:22pm
ACCY CHK	.08	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

/0101 m2...

Reported AC: , .00 g/210L

Signature of Chemidal Analyst

Court CVR

Roll J. L. Analyst

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Record Number: 46 Test Date: 06/10/2008 Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
${ t FLO}$	Pass	1:29pm
FC	Pass	1:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
BT	Pass	1:29pm

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:30pm

Analyst



PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ave	ry	Instrument Location RAT	Mobile Unit #4
Instrument Seria	INO. OO 8734		
The preventive r	•	toximeters, Model Intox EC/IF	R II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		lic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I	
10.			piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
	he 14th day of June performed on the instrument indi- ealth and Human Services, and the	caled above, in accordance with	the forgoing preventive maintenance th current regulations of the N.C. operly.
THE STATE OF ALL THE ST	Simulation of the state of the	Mush (Cartifying Official	Certificate Number

AVERY BAT MOBILE UNIT 4 050

Serial Number: 008734 Test Record Number: 82 Test Date: 06/14/2008 Test Time: 7:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:17pm
FLO	Pass	7:17pm
FC	Pass	7:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:17pm
SRC	Pass	7:17pm
DET	Pass	7:17pm
BAR	Pass	7:17pm
BT	Pass	7:17pm

Blank Tests

Test	Status	Time
AIR	Pass	7:18pm

Printer Tests

	Fillicer lesc	Ð
Test	Status	Time
PRNT	Pass	7:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:18pm

Preventive Maintenance Status: Pass

Pass

CAL

7:18pm

Analyst

AVERY BAT MOBILE UNIT 4 050

Serial Number: 008734 Test Date: 06/14/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

Mark

Test	g/210L	Time
DIAG	Pass	7:05pm
AIR BLK	.00	7:06pm
ACCY CHK	.07	7:06pm
AIR BLK	.00	7:07pm
SUB TEST	.00	7:08pm
AIR BLK	.00	7:09pm
SUB TEST	.00	7:10pm
AIR BLK	.00	7:11pm

~/0101 Time

.00 g/210L Reported AC:

Chemical Analyst Signature of

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location BAT Mobile Unit#4
Instrument	Serial No. <u>CO 8717</u>
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on the
WIND SECTION OF SECTIO	Signature of Certifying Official Certificate Number

AVERY BAT MOBILE UNIT 4 050

Serial Number: 008717 Test Record Number: 57 Test Date: 06/14/2008 Test Time: 7:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:42pm
FLO	Pass	7:42pm
FC	Pass	7:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:42pm
SRC	Pass	7:42pm
DET	Pass	7:42pm
BAR	Pass	7:42pm
BT	Pass	7:42pm

Blank Tests

Test	Status	Time
AIR	Pass	7:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:43pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	7:43pm
CAL	Pass	7:43pm

Preventive Maintenance Status: Pass

Analyst

AVERY BAT MOBILE UNIT 4 050

Serial Number: 008717 Test Date: 06/14/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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 AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	7:25pm 7:26pm 7:26pm 7:27pm 7:28pm 7:29pm 7:30pm 7:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ONTROMERY Instrument Location MONTGOMERY Co. COURTHOUSE
Instrument Seria	11 No. 008721
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.
I certify that on procedures were Department of H	the
STATE OF THE STATE	Service 371

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Date: 06/04/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test	g/210L	Time
DIAG AIR BLK	Pass	4:34pm 4:35pm
ACCY CHK	.07	4:36pm 4:36pm
SUB TEST AIR BLK	.00	4:37pm 4:38pm
SUB TEST AIR BLK	.00 .00	4:39pm 4:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721 Test Record Number: 121 Test Date: 06/04/2008 Test Time: 4:42pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

Printer Tests

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

4:43pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	MONTGOMERY Instrument Location MONTGOMERY Co. COURTHOUSE
Instrume	nt Serial No. 608709 TROY, NC
The prev	rentive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every on 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.
procedure	that on the day of day of , 20 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	STATE ON TO THE SECOND STATE OF CONTINUES OF

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709 Test Date: 06/04/2008

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709

Test Record Number: 81

Test Date: 06/04/2008

Test Time: 4:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:17pm
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	4:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm
	CRC Tests	

Test	Status	TIME
COMP	Pass	4:18pm
CAL	Pass	4:18pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fon	syth Instrument Location Foresyth Co Determin
Instrument Seria	1 No. 008583 CENTER
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.
	he
OT WE STATE OF NO.	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 06/09/2008

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:49pm 5:50pm 5:51pm 5:52pm 5:52pm
AIR BLK	.00	5:53pm
SUB TEST	.00	5:55pm
AIR BLK	.00	5:56pm

Reported AC: /.09/g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 545
Test Date: 06/09/2008 Test Time: 5:57pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	5:58pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:59pm

Printer Tests

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

lest	status	TIME
COMP	Pass	5:59pm
CAL	Pass	5:59pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Foresyth	Instrument Location Fors	with Co	DETENTION
Instrume	nt Serial No. <u>00 866 0</u>	Cons	ren	·
The prevenue four mon	entive maintenance procedures for the Int	toximeters, Model Intox EC/IR I	I to be followed:	at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic ree centigrade;	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" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		ter is being changed before expir ged every four months or after 12		
procedure	hat on the	cated above, in accordance with	current regulatio	rentive maintenance ns of the N.C.
WE GREAT STATES	Son	a Wen		63 Z
	/ O Signa	ture of Certifying Official	Cert	ificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 06/09/2008

Test Record Number: 248
Test Time: 5:34pm EDT

Date: 00/03/2000 1000

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:34pm
FLO	Pass	5:34pm
FC	Pass	5:34pm

Temperature Tests

Status	Time
Pass	5:34pm 5:34pm
Pass	5:34pm
Pass Pass	5:34pm 5:34pm
	Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:35pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:35pm
CAL	Pass	5:35pm

Preventive Maintenance Status: Pass

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 06/09/2008

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: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	5:25pm 5:26pm 5:27pm 5:28pm 5:28pm 5:29pm 5:31pm 5:32pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County For	Instrument Location FORSON CO DETENTION		
Instrument Seri	al No. 008659 Instrument Location FORSATA Co DETENTION		
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 wer Department of	the		
STATE ON STA	Signature of Certifying Official Certificate Number		

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 06/09/2008

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: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	6:12pm 6:13pm 6:13pm 6:14pm 6:15pm
AIR BLK	.00	6:16pm
SUB TEST	.00	6:17pm
AIR BLK	.00	6:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 317

Test Date: 06/09/2008

Test Time: 6:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:20pm
FLO	Pass	6:20pm
FC	Pass	6:20pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	6:20pm 6:20pm 6:20pm
BAR	Pass	6:20pm
\mathtt{BT}	Pass	6:20pm

Blank Tests

Test	Status	Time
AIR	Pass	6:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	6:21pm 6:21pm

Preventive Maintenance Status: Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	e Instrument Location BRT Mobile Unit 4
Instrument Seria	INo. <u>CO 8734</u>
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer 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
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008734

Test Record Number: 79

Test Date: 06/06/2008

Test Time: 8:17pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:18pm

Printer Tests

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

8:18pm

Preventive Maintenance Status: Pass

Pass

CAL

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008734 Test Date: 06/06/2008

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

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

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

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

Permit Number: 21535E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	8:10pm 8:11pm 8:11pm
AIR BLK	.00	8:12pm
SUB TEST	.00	8:13pm
AIR BLK	.00	8:13pm
SUB TEST	.00	8:15pm
AIR BLK	.00	8:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	Instrument Location BAT Mobile Unit 4
Instrument Ser	rial No. <u>00 871 7</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 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 6th day of 3une , 2008 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE ORBEST TO STATE OF THE ST	Signature of Certifying Official Certificate Number

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008717 Test Date: 06/06/2008 Test Record Number: 55 Test Time: 8:00pm EDT

sc Date: 00/00/2000

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:01pm
FLO	Pass	8:01pm
FC	Pass	8:01pm

Temperature Tests

Status	Time
Pass	8:01pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
ATR	Pass	8:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:02pm

CRC Tests

	: :	est	Te
COMP Pass 8:02p CAL Pass 8:02p			

Preventive Maintenance Status: Pass

Analyst

LEE COUNTY BAT MOBILE UNIT 4 520

Serial Number: 008717 Test Date: 06/06/2008

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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	7:46pm 7:47pm 7:48pm 7:49pm 7:49pm
AIR BLK	.00	7:50pm 7:52pm
SUB TEST ATR BLK	.00 .00	7:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County FRA	Instrument Location FRANKLIN CO. JAIL		
Instrument Seria	al No. 008942 285 T KEMP RD. LOWISBURG, 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.		
I certify that on procedures wer Department of	the		
THE STATE OF THE	13 1 Ameth 637		
	Signature of Certifying Official Certificate Number		

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 06/03/2008

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: AG722601 Exp Date: 08/13/2009

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

Reported AC: .00 g/210L

Court CVR

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

Department of Health and Human Services

Rev. 12/2007

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Record Number: 46
Test Date: 06/03/2008 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	Pass	10:49am

10:49am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Trans	IKLIN	Instrument Location FRAN	KLIN	CO. JAIL
Instrument Seria	al No. 008933	285 TKEMP RD.	Louis	BURG, NC
The preventive r	naintenance procedures for the In	toximeters, Model Intox EC/IR I	I to be follo	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic ree centigrade;	breath sim	ulator 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 canis simulator solution is being chan whichever occurs first.	ter is being changed before expinged every four months or after 12	ration date, 25 Alcohol	or the alcoholic breath ic Breath Simulator tests,
I certify that on procedures were Department of H	the <u>03</u> day of <u>June</u> performed on the instrument indi Health and Human Services, and th	cated above, in accordance with the instrument is functioning prop	the forgoing current reg erly.	g preventive maintenance ulations of the N.C.
THE STATE OF THE S	ORTH CAROLINA	1 Smith		637
	Signa	ature of Certifying Official		Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 06/03/2008

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: AG723402 Exp Date: 08/21/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:40am 10:41am 10:41am
AIR BLK	.00	10:42am
SUB TEST AIR BLK	.00 .00	10:43am 10:44am
SUB TEST	.00	10:46am
AIR BLK	.00	10:47am

Reported AC: 1.0 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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 47 Test Date: 06/03/2008 Test Time: 10:48am 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:48am 10:48am 10:48am 10:48am 10:48am
ь	rass	10.104

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

Test

CAL

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

Status

Time

10:49am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	Instrument Location 3033/NS POLICE Des		
Instrument Seria	1No. 008728 Robbins, No.		
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on to procedures were Department of H	the <u>OZ</u> day of <u>JUNE</u> , 20 <u>OB</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 THE S	Signature of Certifying Official Certificate Number		

MOORE ROBBINS PD 620

Serial Number: 008728 Test Date: 06/02/2008

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

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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	4:54pm 4:55pm 4:55pm 4:56pm 4:57pm 4:58pm
SUB TEST	.00	5:00pm
AIR BLK	.00	5:01pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE ROBBINS PD 620

Serial Number: 008728 Test Record Number: 66
Test Date: 06/02/2008 Test Time: 5:06pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	status	Time
AIR	Pass	5:08pm

Printer Tests

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

5:08pm

5:08pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County BER	Instrument Location BERTIE (20. 5.0.
Instrument Serial	No. 008897 104 DUNDEE ST., WINDSON, W.
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he
STATE OF ANY 20. 1775 OF MAY 20. 1775 APRIL 12. 177 APRIL 12. 1	Tines. Lead - 647
	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 06/04/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

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

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

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:04pm 1:05pm 1:06pm 1:06pm 1:07pm 1:08pm
SUB TEST	.00	1:09pm
AIR BLK	.00	1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897

Test Record Number: 49

System Check: Passed

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:12pm
SRC	Pass	1:12pm
DET	Pass	1:12pm
BAR	Pass	1:12pm
BT	Pass	1:12pm

Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

Printer Tests

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

1050	Deacas	110
COMP CAL	Pass Pass	1:13pm 1:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Uni		Instrume	ent Location Union	County SD
Instrument Seria	11 No. <u>008866</u>	3344	Presson Road	Monroe
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-283-3770	
The preventive r	naintenance procedures for the Int	oximeters,	Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg			ath simulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	rs, collect	breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect	breath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.			
procedures were	he <u>344M</u> day of <u>June</u> performed on the instrument indicealth and Human Services, and the	ated above	, in accordance with curr	ent regulations of the N.C.
OF THE STATE OF ALL OF THE STATE OF ALL OF THE STATE OF ALL OF THE STATE OF THE STA	Po Sant Hit	tuu		Certificate Number
	∫ √ Signa	ure of Cer	tifying Official	Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 06/24/2008

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: AG814101 Exp Date: 05/20/2010

Test	g/210L	Time
DIAG ATR BLK	Pass	11:28am 11:29am
ACCY CHK	.080	11:30am
AIR BLK	.000	11:31am
SUB TEST	.000	11:31am
AIR BLK	.000	11:32am
SUB TEST	.000	11:33am
ATR BLK	. 000	11:34am

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

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Record Number: 41 Test Date: 06/24/2008 Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test

CAL

PRNT	Pass	11:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:37am

Status

Time

11:37am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Caba	icrus	Instrument Location Cabacrus	County SD
Instrument Seria	1 No. <u>008635</u>	25 Corbon Ave E Co	1
		704-920-3000	
The preventive refour months are:	-	eximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breath see centigrade;	imulator thermometer show
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	rs, collect breath sample;	
7.	When "PLEASE BLOW" appear	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration dated every four months or after 125 Alcoh	
procedures were	performed on the instrument indic	, 20 <u>08</u> the forgo ated above, in accordance with current reinstrument is functioning properly.	ing preventive maintenance egulations of the N.C.
OF THE STATE OF AN	Signat	ure of Certifying Official	65 (D) Certificate Number

CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 06/24/2008

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: AG772801 Exp Date: 08/15/2009

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

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

CABARRUS COUNTY SD 120

Serial Number: 008625

Test Record Number: 516
Test Time: 1:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

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

lesc	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 Ca		Instrument Location Cabaccu		
Instrument Seri	al No. <u>008590</u>		•	
The preventive four months are	•	e Intoximeters, Model Intox EC/IR II to	be followed at least once every	
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	eath 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" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.		anister is being changed before expiration nanged every four months or after 125 A		
procedures were	e performed on the instrument i	the functioning properly	ent regulations of the N.C.	
THE STATE OF THE S	Soft Carlo	gnature of Certifying Official	Certificate Number	

CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 06/24/2008

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

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

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

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

12/01/2007-12/01/2009

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

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

/0107 m-1----

Test	g/210L	Time
DIAG	Pass	1:48pm
AIR BLK ACCY CHK	.00 .07	1:49pm 1:50pm
AIR BLK	.00	1:51pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 06/24/2008

Test Record Number: 250 Test Time: 1:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:56pm
FLO	Pass	1:56pm
FC	Pass	1:56pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:56pm 1:56pm 1:56pm 1:56pm
BT	Pass	1:56pm

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:57pm

Preventive Maintenance Status: Pass

Pass

1:57pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	abarcus	Instrument Location Kanna	palis PD	
Instrument Se	erial No. <u>008589</u>	314 South Main S	Street Kannapolis	
		704-920-4060		
The preventive four months a		he Intoximeters, Model Intox EC/IR II t	to be followed at least once every	
1.	Verify the ethanol gas cani 34 degrees, plus or minus	ster displays pressure, or the alcoholic be degree centigrade;	preath simulator thermometer shows	
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	Verify instrument accuracy;		
6.	When "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 expira changed every four months or after 125		
procedures we	ere performed on the instrument	the instrument is functioning proper	arrent regulations of the N.C.	
THE STANFE OF TH	CAOULT CAROLLE	ı		
A SEE OLUMAN	Man Was	ELW.	650	
		Signature of Certifying Official	Certificate Number	

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 06/24/2008

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: AG722801 Exp Date: 08/15/2009

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:32pm 2:32pm 2:33pm 2:34pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm
SUB TEST	.00	2:37pm
AIR BLK	.00	2:38pm

.00 g/210L Reported AC:

Chemical Analyst

Court CVR

CABARRUS COUNTY KANNAPOLIS PD 120

Test Record Number: 325 Serial Number: 008589 Test Date: 06/24/2008

Test Time: 2:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:40pm
FLO	Pass	2:40pm
FC	Pass	2:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:40pm
SRC	Pass	2:40pm
DET	Pass	2:40pm
BAR	Pass	2:40pm
BT	Pass	2:40pm

Blank Tests

Test	Status	Time
AIR	Pass	2:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Test	Status	Time

lesc	ptatus	TIME
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Union	Instrument Location Union County SD
Instrumen	nt Serial No. <u>008876</u>	Instrument Location Union County SD 3344 Presson Road, Monroe
		704-283-3770
The preve four mont	•	the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic breath simulator thermometer show .2 degree centigrade;
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.		s canister is being changed before expiration date, or the alcoholic breath g changed every four months or after 125 Alcoholic Breath Simulator tests,
procedure		httindicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
S HE CREAT SEA	TATE OF NORTH CAROLINA AND AND AND AND AND AND AND AND AND A	Signature of Certifying Official Certificate Number

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876 Test Date: 06/23/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

12/01/2007-12/01/2009

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

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

Test	g/210L	Time
DIAG AIR BLK	Pass	2:08pm 2:09pm
ACCY CHK	.080	2:10pm
AIR BLK SUB TEST	.000 .000	2:10pm 2:11pm
AIR BLK	.000	2:12pm
SUB TEST	.000	2:13pm
AIR BLK	.000	2:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008876

Test Record Number: 49

Test Date: 06/23/2008

Test Time: 2:17pm EDT

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 SRC DET BAR	Pass Pass Pass Pass	2:18pm 2:18pm 2:18pm 2:18pm
BT	Pass	2:18pm

Blank Tests

Test	Status	Time
ΔΤΡ	Dagg	2 • 1 8 mm

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm
	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	Wake	Instrument L	ocation_ <i>Bot</i> M	OBILE LEW. THE
Instrumen	t Serial No. 8788		CAM	
The prevention four month	ntive maintenance procedures for the hs are:	Intoximeters, Mod	el Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of	er displays pressure degree centigrade;	, or the alcoholic 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 breat	ı sample;	
7.	When "PLEASE BLOW" ap	pears, collect breat	ı sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nđ ,		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being chan anged every four m	ged before expiration da onths or after 125 Alcol	te, or the alcoholic breath nolic Breath Simulator tests,
certify that procedures Department	at on the 2 day of J were performed on the instrument in t of Health and Human Services, and	dicated above, in a	ccordance with current i	oing preventive maintenance regulations of the N.C.
STA	HE & AROUND CAROLINA	_		
QUAM	- de	<u> </u>	Morpan	636
	Sign	nature of Certifying	g Official	Certificate Number

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 06/27/2008

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: 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

AIR BLK .00 11:13pm ACCY CHK .07 11:13pm AIR BLK .00 11:14pm SUB TEST .00 11:15pm AIR BLK .00 11:16pm SUB TEST .00 11:17pm	Test	g/210L	Time
<u>-</u>	AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	.00 .07 .00 .00	11:12pm 11:13pm 11:13pm 11:14pm 11:15pm 11:16pm
ATD DIV OO 11.19mm	SUB TEST	.00	11:17pm 11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 59 Test Date: 06/27/2008 Test Time: 11:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:20pm
FLO	Pass	11:20pm
FC	Pass	11:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:20pm
SRC	Pass	11:20pm
DET	Pass	11:20pm
BAR	Pass	11:20pm
BT	Pass	11:20pm

Blank Tests

Test	Status	Time
AIR	Pass	11:21pm

Printer Tests

Status

Test

PRNT	Pass	11:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:21pm 11:21pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BAT MOBILE LW. T
Instrument	t Serial No. 8698 CARY
The prever four month	ntive 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	t on the
THE STAN	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

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 167
Test Date: 06/27/2008 Test Time: 11:26pm EDT

System Check: Passed

Baseline Tests

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

Temperature Tests

Status	Time
Pass	11:27pm
	Pass Pass Pass Pass

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

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/27/2008

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

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

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

Analyst's Name: 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	11:31pm 11:32pm 11:32pm 11:33pm
SUB TEST	.00	11:34pm
AIR BLK SUB TEST	.00 .00	11:35pm 11:36pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location BAT	MOBILE Lan. T #5
Instrument S	Serial No. <u>8698</u>	WEND	eu_
The preventi		e Intoximeters, Model Intox EC/IR II to l	be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic bre degree centigrade;	ath 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	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiratio hanged every four months or after 125 A	
procedures v	were performed on the instrument i	indicated above, in accordance with curred the instrument is functioning properly	ent regulations of the N.C.
TAND OREAL STAND IS NOT THE STAND IS NOT	Step Step Step Step Step Step Step Step	ignature of Certifying Official	636 Certificate Number

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/28/2008

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: 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	10:27pm 10:28pm 10:28pm 10:29pm 10:30pm 10:31pm 10:32pm
AIR BLK	.00	10:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 172 Test Date: 06/28/2008 Test Time: 10:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:15pm
FLO	Pass	10:15pm
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
AIR	Pass	10:16pm

Printer Tests

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

Pass

10:17pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No.	County	Wake	Instrument Location BAT	mobile Levit #5
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 on the	Instrument	Serial No \$ 788	_ Wen	DELL
2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 the	The preven	tive maintenance procedures for s are:	the Intoximeters, Model Intox EC/IR II	to be followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	1.	Verify the ethanol gas can 34 degrees, plus or minus	nister displays pressure, or the alcoholic based in .2 degree centigrade;	preath simulator thermometer show
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 the	2.	Verify instrument displays	s time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	3.	Initiate breath test sequence	ce;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 the	4.	Enter information as prom	npted;	
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 the	5.	Verify instrument accuracy	y;	
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before 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 the	6.	When "PLEASE BLOW"	appears, collect breath sample;	
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	7.	When "PLEASE BLOW"	appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. certify that on the	8.	Print test record;		
certify that on the	9.	Verify Diagnostic Program	n; and	
Department of Health and Human Services, and the instrument is functioning properly. State Out 10 11 5 7 10 6 8 6	10.	simulator solution is being	canister is being changed before expirat changed every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
Steph 6 711 5 fail 6 8 6		ione benjounce on me monthlell	i illulcated above. In accordance with cir	rrent regulations of the NIC
Just 0 110 Fact 686		S A S A S A S A S A S A S A S A S A S A		
CERMICATE VIIMAGE		_ sup	Signature of Certifying Official	Certificate Number

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 06/28/2008

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: 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

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

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:23pm 10:24pm 10:24pm 10:25pm 10:26pm
AIR BLK SUB TEST	.00 .00	10:27pm 10:29pm
ATR BLK	. 00	10:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE CO BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Record Number: 66 Test Date: 06/28/2008 Test Time: 10:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14pm
FLO	Pass	10:14pm
FC	Pass	10:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:14pm
SRC	Pass	10:14pm
DET	Pass	10:14pm
BAR	Pass	10:14pm
BT	Pass	10:14pm

Blank Tests

Test	Status	Time
AIR	Pass	10:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:15pm 10:15pm

Preventive Maintenance Status: Pass

Analyst