DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret Instrument Location BAT Mobile unit 6

Instrument Serial No. 008939 Beaufort

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2011 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.

K. C. [illegible] Signature of Certifying Official

601 Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008939* Test Record Number: *518*
Test Date: *04/29/2011* Test Time: *11:08pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:09pm |
| FLO | Pass | 11:09pm |
| FC | Pass | 11:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:09pm |
| SRC | Pass | 11:09pm |
| DET | Pass | 11:09pm |
| BAR | Pass | 11:09pm |
| BT | Pass | 11:09pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:09pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:09pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:10pm |
| CAL | Pass | 11:10pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008939*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:59pm |
| AIR BLK | .00 | 11:00pm |
| ACCY CHK | .08 | 11:01pm |
| AIR BLK | .00 | 11:02pm |
| **SUB TEST** | **.00** | **11:02pm** |
| AIR BLK | .00 | 11:03pm |
| **SUB TEST** | **.00** | **11:05pm** |
| AIR BLK | .00 | 11:06pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008869 Beaufort

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2011 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.

K. C. [illegible] 601

Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008869* Test Record Number: *420*
Test Date: *04/29/2011* Test Time: *11:05pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:06pm |
| FLO | Pass | 11:06pm |
| 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 | 11:07pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:07pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:07pm |
| CAL | Pass | 11:07pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Subject Test**

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008869*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:57pm |
| AIR BLK | .00 | 10:58pm |
| ACCY CHK | .08 | 10:59pm |
| AIR BLK | .00 | 11:00pm |
| **SUB TEST** | **.00** | **11:00pm** |
| AIR BLK | .00 | 11:01pm |
| **SUB TEST** | **.00** | **11:03pm** |
| AIR BLK | .00 | 11:04pm |

**Reported AC: .00 g/210L**

K. C. Rhodes
Signature of Chemical Analyst

Court CVR

K. C. Rhodes
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret Instrument Location BAT Mobile unit 6

Instrument Serial No. 008939 Emerald Isle

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 23 day of April, 2011 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.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008939* Test Record Number: *514*
Test Date: *04/23/2011* Test Time: *9:40pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:41pm |
| FLO | Pass | 9:41pm |
| FC | Pass | 9:41pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:41pm |
| SRC | Pass | 9:41pm |
| DET | Pass | 9:41pm |
| BAR | Pass | 9:41pm |
| BT | Pass | 9:41pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:42pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:42pm |
| CAL | Pass | 9:42pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
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**Intox EC/IR-II: Subject Test**

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008939*
Test Date: *04/23/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:33pm |
| AIR BLK | .00 | 9:34pm |
| ACCY CHK | .08 | 9:34pm |
| AIR BLK | .00 | 9:35pm |
| **SUB TEST** | **.00** | **9:36pm** |
| AIR BLK | .00 | 9:37pm |
| **SUB TEST** | **.00** | **9:38pm** |
| AIR BLK | .00 | 9:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Carteret Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008869 Emerald Isle

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 23 day of April, 2011 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.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

K. C. [signature] 601

Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008869* Test Record Number: *416*
Test Date: *04/23/2011* Test Time: *9:39pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:39pm |
| FLO | Pass | 9:39pm |
| FC | Pass | 9:39pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:39pm |
| SRC | Pass | 9:39pm |
| DET | Pass | 9:39pm |
| BAR | Pass | 9:39pm |
| BT | Pass | 9:39pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:40pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:40pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:40pm |
| CAL | Pass | 9:40pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Subject Test**

*CARTERET COUNTY BAT MOBILE UNIT 6 150*

Serial Number: *008869*
Test Date: *04/23/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:31pm |
| AIR BLK | .00 | 9:32pm |
| ACCY CHK | .08 | 9:33pm |
| AIR BLK | .00 | 9:33pm |
| **SUB TEST** | **.00** | **9:34pm** |
| AIR BLK | .00 | 9:35pm |
| **SUB TEST** | **.00** | **9:37pm** |
| AIR BLK | .00 | 9:38pm |

**Reported AC: .00 g/210L**

K. C. Rhodes
Signature of Chemical Analyst

Court CVR

K. C. Rhodes
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT Mobile unit 4

Instrument Serial No. 008869 Richlands

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 22 day of April, 20 11 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.

Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*ONSLOW COUNTY BAT MOBILE UNIT 6 660*

Serial Number: *008869* Test Record Number: *409*
Test Date: *04/22/2011* Test Time: *11:20pm 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

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:21pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:21pm |
| CAL | Pass | 11:21pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Subject Test**

*ONSLOW COUNTY BAT MOBILE UNIT 6 660*

Serial Number: *008869*
Test Date: *04/22/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:09pm |
| AIR BLK | .00 | 11:10pm |
| ACCY CHK | .08 | 11:10pm |
| AIR BLK | .00 | 11:11pm |
| **SUB TEST** | **.00** | **11:12pm** |
| AIR BLK | .00 | 11:13pm |
| **SUB TEST** | **.00** | **11:14pm** |
| AIR BLK | .00 | 11:15pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location BAT Mobile Unit 6

Instrument Serial No. 008869 SHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 9 day of April, 20 11 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.

Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*BRUNSWICK COUNTY BAT MOBILE UNIT 6 090*

Serial Number: *008869* Test Record Number: *399*
Test Date: *04/09/2011* Test Time: *8:52pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:53pm |
| FLO | Pass | 8:53pm |
| FC | Pass | 8:53pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:54pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:54pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:54pm |
| CAL | Pass | 8:54pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
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**Intox EC/IR-II: Subject Test**

*BRUNSWICK COUNTY BAT MOBILE UNIT 6 090*

Serial Number: *008869*
Test Date: *04/09/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| ACCY CHK | .08 | 8:46pm |
| AIR BLK | .00 | 8:47pm |
| **SUB TEST** | **.00** | **8:47pm** |
| AIR BLK | .00 | 8:48pm |
| **SUB TEST** | **.00** | **8:50pm** |
| AIR BLK | .00 | 8:51pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location BAT Mobile unit 6

Instrument Serial No. 008898 SHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 9 day of April, 2011 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.

Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Preventive Maintenance**

*BRUNSWICK COUNTY BAT MOBILE UNIT 6 090*

Serial Number: *008898* Test Record Number: *548*
Test Date: *04/09/2011* Test Time: *8:47pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:47pm |
| FLO | Pass | 8:47pm |
| FC | Pass | 8:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:47pm |
| SRC | Pass | 8:47pm |
| DET | Pass | 8:47pm |
| BAR | Pass | 8:47pm |
| BT | Pass | 8:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:48pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:48pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:48pm |
| CAL | Pass | 8:48pm |

Preventive Maintenance
Status: Pass

K. C. [signature]
**Analyst**

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

**Intox EC/IR-II: Subject Test**

*BRUNSWICK COUNTY BAT MOBILE UNIT 6 090*

Serial Number: *008898*
Test Date: *04/09/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:39pm |
| AIR BLK | .00 | 8:40pm |
| ACCY CHK | .08 | 8:41pm |
| AIR BLK | .00 | 8:42pm |
| **SUB TEST** | **.00** | **8:42pm** |
| AIR BLK | .00 | 8:43pm |
| **SUB TEST** | **.00** | **8:45pm** |
| AIR BLK | .00 | 8:46pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Brunswick Instrument Location BAT Mobile Unit 46

Instrument Serial No. 008939 SHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 9 day of April, 2011 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.

Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*BRUNSWICK COUNTY BAT MOBILE UNIT 6 090*

Serial Number: *008939* Test Record Number: *504*
Test Date: *04/09/2011* Test Time: *8:56pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:56pm |
| FLO | Pass | 8:56pm |
| FC | Pass | 8:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:57pm |
| SRC | Pass | 8:57pm |
| DET | Pass | 8:57pm |
| BAR | Pass | 8:57pm |
| BT | Pass | 8:57pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:57pm |
| CAL | Pass | 8:57pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

Intox EC/IR-II: Subject Test

*BRUNSWICK COUNTY BAT MOBILE UNIT 6 090*

Serial Number: *008939*
Test Date: *04/09/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:42pm |
| AIR BLK | .00 | 8:43pm |
| ACCY CHK | .08 | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| **SUB TEST** | **.00** | **8:45pm** |
| AIR BLK | .00 | 8:46pm |
| **SUB TEST** | **.00** | **8:48pm** |
| AIR BLK | .00 | 8:48pm |

**Reported AC: .00 g/210L**

K. C. Rhodes
Signature of Chemical Analyst

Court CVR

K. C. Rhodes
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

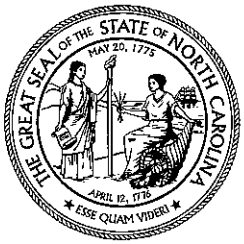
County New Hanover Instrument Location BAT Mobile unit 6

Instrument Serial No. 008869 SHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.




K. C. Rhodes
Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*NEW HANOVER COUNTY BAT MOBILE UNIT 6 640*

Serial Number: *008869* Test Record Number: *393*
Test Date: *04/08/2011* Test Time: *9:09pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:10pm |
| FLO | Pass | 9:10pm |
| FC | Pass | 9:10pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:10pm |
| SRC | Pass | 9:10pm |
| DET | Pass | 9:10pm |
| BAR | Pass | 9:10pm |
| BT | Pass | 9:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:11pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:11pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:11pm |
| CAL | Pass | 9:11pm |

Preventive Maintenance
Status: Pass

K. C. Moore
**Analyst**

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

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY BAT MOBILE UNIT 6*
*640*

Serial Number: *008869*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| ACCY CHK | .08 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| **SUB TEST** | **.00** | **9:05pm** |
| AIR BLK | .00 | 9:06pm |
| **SUB TEST** | **.00** | **9:07pm** |
| AIR BLK | .00 | 9:08pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile unit 6

Instrument Serial No. 008869 5 HP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

K. C. Rhodes
Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*NEW HANOVER COUNTY BAT MOBILE UNIT 6 640*

Serial Number: *008869* Test Record Number: *393*
Test Date: *04/08/2011* Test Time: *9:09pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:10pm |
| FLO | Pass | 9:10pm |
| FC | Pass | 9:10pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:10pm |
| SRC | Pass | 9:10pm |
| DET | Pass | 9:10pm |
| BAR | Pass | 9:10pm |
| BT | Pass | 9:10pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:11pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:11pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:11pm |
| CAL | Pass | 9:11pm |

Preventive Maintenance
Status: Pass

K. C. Rhodes
**Analyst**

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

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY BAT MOBILE UNIT 6*
*640*

Serial Number: *008869*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:02pm |
| AIR BLK | .00 | 9:03pm |
| ACCY CHK | .08 | 9:03pm |
| AIR BLK | .00 | 9:04pm |
| **SUB TEST** | **.00** | **9:05pm** |
| AIR BLK | .00 | 9:06pm |
| **SUB TEST** | **.00** | **9:07pm** |
| AIR BLK | .00 | 9:08pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile unit 6

Instrument Serial No. 008939 5 HP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*NEW HANOVER COUNTY BAT MOBILE UNIT 6 640*

Serial Number: *008939* Test Record Number: *498*
Test Date: *04/08/2011* Test Time: *9:04pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:04pm |
| FLO | Pass | 9:04pm |
| FC | Pass | 9:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:04pm |
| SRC | Pass | 9:04pm |
| DET | Pass | 9:04pm |
| BAR | Pass | 9:04pm |
| BT | Pass | 9:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:05pm |
| CAL | Pass | 9:05pm |

Preventive Maintenance
Status: Pass

R. C. Rhodes
**Analyst**

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

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY BAT MOBILE UNIT 6*
*640*

Serial Number: *008939*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:55pm |
| AIR BLK | .00 | 8:57pm |
| ACCY CHK | .08 | 8:57pm |
| AIR BLK | .00 | 8:58pm |
| **SUB TEST** | **.00** | **8:59pm** |
| AIR BLK | .00 | 8:59pm |
| **SUB TEST** | **.00** | **9:01pm** |
| AIR BLK | .00 | 9:02pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County New Hanover Instrument Location BAT Mobile unit 6

Instrument Serial No. 008898 SHP

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*NEW HANOVER COUNTY BAT MOBILE UNIT 6 640*

Serial Number: *008898* Test Record Number: *545*
Test Date: *04/08/2011* Test Time: *9:03pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:03pm |
| FLO | Pass | 9:03pm |
| FC | Pass | 9:03pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:03pm |
| SRC | Pass | 9:03pm |
| DET | Pass | 9:03pm |
| BAR | Pass | 9:03pm |
| BT | Pass | 9:03pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:04pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:04pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:04pm |
| CAL | Pass | 9:04pm |

Preventive Maintenance
Status: Pass

K. C. Rhodes
**Analyst**

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

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY BAT MOBILE UNIT 6*
*640*

Serial Number: *008898*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:54pm |
| AIR BLK | .00 | 8:55pm |
| ACCY CHK | .08 | 8:56pm |
| AIR BLK | .00 | 8:56pm |
| **SUB TEST** | **.00** | **8:58pm** |
| AIR BLK | .00 | 8:59pm |
| **SUB TEST** | **.00** | **9:00pm** |
| AIR BLK | .00 | 9:01pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CRAVEN Instrument Location BAT Mobile unit 6

Instrument Serial No. 008869 BRIDGETON

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Signature of Certifying Official

601
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*CRAVEN COUNTY BAT MOBILE UNIT 6 240*

Serial Number: *008869* Test Record Number: *404*
Test Date: *04/15/2011* Test Time: *9:32pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:32pm |
| SRC | Pass | 9:32pm |
| DET | Pass | 9:32pm |
| BAR | Pass | 9:32pm |
| BT | Pass | 9:32pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:33pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:33pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:33pm |
| CAL | Pass | 9:33pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*CRAVEN COUNTY BAT MOBILE UNIT 6 240*

Serial Number: *008869*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:21pm |
| AIR BLK | .00 | 9:22pm |
| ACCY CHK | .08 | 9:22pm |
| AIR BLK | .00 | 9:23pm |
| **SUB TEST** | **.00** | **9:24pm** |
| AIR BLK | .00 | 9:25pm |
| **SUB TEST** | **.00** | **9:27pm** |
| AIR BLK | .00 | 9:28pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Belmont PD

Instrument Serial No. 008733 201 Chronicle Street, Belmont

704-825-3792

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 25th day of April, 2011 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.

Joseph E Hutchinson
Signature of Certifying Official

650
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GASTON COUNTY BELMONT PD 350*

Serial Number: *008733*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023601
Exp Date: 08/24/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:34am |
| AIR BLK | .00 | 10:35am |
| ACCY CHK | .08 | 10:35am |
| AIR BLK | .00 | 10:36am |
| **SUB TEST** | **.00** | **10:37am** |
| AIR BLK | .00 | 10:38am |
| **SUB TEST** | **.00** | **10:39am** |
| AIR BLK | .00 | 10:40am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*GASTON COUNTY BELMONT PD 350*

Serial Number: *008733* Test Record Number: *484*
Test Date: *04/25/2011* Test Time: *10:41am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:41am |
| FLO | Pass | 10:41am |
| FC | Pass | 10:42am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:42am |
| SRC | Pass | 10:42am |
| DET | Pass | 10:42am |
| BAR | Pass | 10:42am |
| BT | Pass | 10:42am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:42am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:42am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:42am |
| CAL | Pass | 10:42am |

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY SD 590*

Serial Number: *008703*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name: *CANISTER, CHANGE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *HUTCHINSON, JOSEPH E*
Permit Number: *19951E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:52am |
| AIR BLK | .00 | 9:53am |
| ACCY CHK | .08 | 9:54am |
| AIR BLK | .00 | 9:55am |
| **SUB TEST** | **.00** | **9:55am** |
| AIR BLK | .00 | 9:56am |
| **SUB TEST** | **.00** | **9:58am** |
| AIR BLK | .00 | 9:59am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Gaston County SD

Instrument Serial No. 008706 425 N. Marietta Street, Gastonia

704-869-6800

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21st day of April, 2011 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.

Joseph E Hutt
Signature of Certifying Official

650
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GASTON COUNTY GASTON COUNTY SD 350*

Serial Number: *008706*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023602
Exp Date: 08/24/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:10am |
| AIR BLK | .00 | 9:11am |
| ACCY CHK | .08 | 9:12am |
| AIR BLK | .00 | 9:12am |
| **SUB TEST** | **.00** | **9:13am** |
| AIR BLK | .00 | 9:14am |
| **SUB TEST** | **.00** | **9:16am** |
| AIR BLK | .00 | 9:17am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*GASTON COUNTY GASTON COUNTY SD 350*

Serial Number: *008706* Test Record Number: *1760*
Test Date: *04/21/2011* Test Time: *9:18am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:19am |
| FLO | Pass | 9:19am |
| FC | Pass | 9:19am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:19am |
| SRC | Pass | 9:19am |
| DET | Pass | 9:19am |
| BAR | Pass | 9:19am |
| BT | Pass | 9:19am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:20am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:20am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:20am |
| CAL | Pass | 9:20am |

Preventive Maintenance
Status: Pass

**Analyst**

AIR Pass 9:20am

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gaston Instrument Location Gaston County SD

Instrument Serial No. 008684 425 N. Marietta Street, Gastonia
704-864-6800

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21st day of April, 2011 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.

Joseph E. Hatch
Signature of Certifying Official

650
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GASTON COUNTY GASTON COUNTY SD 350*

Serial Number: *008684*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG016501
Exp Date: 06/14/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:11am |
| AIR BLK | .00 | 9:12am |
| ACCY CHK | .08 | 9:13am |
| AIR BLK | .00 | 9:13am |
| **SUB TEST** | **.00** | **9:14am** |
| AIR BLK | .00 | 9:15am |
| **SUB TEST** | **.00** | **9:17am** |
| AIR BLK | .00 | 9:17am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*GASTON COUNTY GASTON COUNTY SD 350*

Serial Number: *008684* Test Record Number: *1671*
Test Date: *04/21/2011* Test Time: *9:08am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:08am |
| FLO | Pass | 9:08am |
| FC | Pass | 9:08am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:09am |
| SRC | Pass | 9:09am |
| DET | Pass | 9:09am |
| BAR | Pass | 9:09am |
| BT | Pass | 9:09am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:09am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:09am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:09am |
| CAL | Pass | 9:09am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GRANVILLE Instrument Location OXFORD P.D

Instrument Serial No. 008923 204 E. McCLANAHAN ST. OXFORD, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of APRIL, 20 11 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.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GRANVILLE COUNTY OXFORD PD 380*

Serial Number: *008923*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023702
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:39am |
| AIR BLK | .00 | 11:40am |
| ACCY CHK | .08 | 11:41am |
| AIR BLK | .00 | 11:42am |
| **SUB TEST** | **.00** | **11:42am** |
| AIR BLK | .00 | 11:43am |
| **SUB TEST** | **.00** | **11:44am** |
| AIR BLK | .00 | 11:45am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*GRANVILLE COUNTY OXFORD PD 380*

Serial Number: *008923* Test Record Number: *446*
Test Date: *04/13/2011* Test Time: *11:47am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:48am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:48am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:48am |
| CAL | Pass | 11:48am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GRANVILLE Instrument Location CREEDMOORE P.D.

Instrument Serial No. 008641 111 MASONIC ST. CREEDMOORE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GRANVILLE COUNTY CREEDMOOR PD 380*

Serial Number: *008641*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG925102
Exp Date: 09/08/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:51am |
| AIR BLK | .00 | 10:52am |
| ACCY CHK | .07 | 10:53am |
| AIR BLK | .00 | 10:54am |
| **SUB TEST** | **.00** | **10:54am** |
| AIR BLK | .00 | 10:55am |
| **SUB TEST** | **.00** | **10:57am** |
| AIR BLK | .00 | 10:58am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*GRANVILLE COUNTY CREEDMOOR PD 380*

Serial Number: *008641* Test Record Number: *591*
Test Date: *04/13/2011* Test Time: *11:00am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:01am |
| FLO | Pass | 11:01am |
| FC | Pass | 11:01am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:01am |
| SRC | Pass | 11:01am |
| DET | Pass | 11:01am |
| BAR | Pass | 11:01am |
| BT | Pass | 11:01am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:01am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:02am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:02am |
| CAL | Pass | 11:02am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HALIFAX Instrument Location ROANOKE RAPIDS P.D.

Instrument Serial No. 008635 1040 ROANOKE AVE, ROANOKE RAPIDS, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HALIFAX CO ROANOKE RAPIDS PD 410*

Serial Number: *008635*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104101
Exp Date: 02/10/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:18pm |
| AIR BLK | .00 | 3:19pm |
| ACCY CHK | .08 | 3:20pm |
| AIR BLK | .00 | 3:21pm |
| **SUB TEST** | **.00** | **3:22pm** |
| AIR BLK | .00 | 3:23pm |
| **SUB TEST** | **.00** | **3:24pm** |
| AIR BLK | .00 | 3:25pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*HALIFAX CO ROANOKE RAPIDS PD 410*

Serial Number: *008635* Test Record Number: *872*
Test Date: *04/08/2011* Test Time: *3:28pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:29pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:29pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:29pm |
| CAL | Pass | 3:29pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HALIFAX Instrument Location ROANOKE RAPIDS P.D.

Instrument Serial No. 008656 1040 ROANOKE AVE. ROANOKE RAPIDS, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HALIFAX CO. ROANOKE RAPIDS PD 410*

Serial Number: *008656*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104104
Exp Date: 02/09/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:27pm |
| AIR BLK | .00 | 3:28pm |
| ACCY CHK | .08 | 3:29pm |
| AIR BLK | .00 | 3:29pm |
| **SUB TEST** | **.00** | **3:30pm** |
| AIR BLK | .00 | 3:31pm |
| **SUB TEST** | **.00** | **3:32pm** |
| AIR BLK | .00 | 3:33pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*HALIFAX CO. ROANOKE RAPIDS PD 410*

Serial Number: *008656* Test Record Number: *365*
Test Date: *04/08/2011* Test Time: *3:34pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:35pm |
| FLO | Pass | 3:35pm |
| FC | Pass | 3:35pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:35pm |
| SRC | Pass | 3:35pm |
| DET | Pass | 3:35pm |
| BAR | Pass | 3:35pm |
| BT | Pass | 3:35pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:35pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:36pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:36pm |
| CAL | Pass | 3:36pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NORTHAMPTON Instrument Location NORTHAMPTON Co. SHERIFFS DEPT

Instrument Serial No. 008688 105 W. JEFFERSON ST. JACKSON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT*
*650*

Serial Number: *008688*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104101
Exp Date: 02/10/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:02pm |
| AIR BLK | .00 | 2:03pm |
| ACCY CHK | .08 | 2:03pm |
| AIR BLK | .00 | 2:04pm |
| **SUB TEST** | **.00** | **2:05pm** |
| AIR BLK | .00 | 2:06pm |
| **SUB TEST** | **.00** | **2:07pm** |
| AIR BLK | .00 | 2:08pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650*

Serial Number: *008688* Test Record Number: *553*
Test Date: *04/08/2011* Test Time: *2:11pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:13pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:13pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:13pm |
| CAL | Pass | 2:13pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NORTHAMPTON Instrument Location NORTHAMPTON Co. SHERIFFS DEPT

Instrument Serial No. 008607 105 W. JEFFERSON ST. JACKSON, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT*
*650*

Serial Number: *008607*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG016501
Exp Date: 06/14/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| ACCY CHK | .08 | 2:12pm |
| AIR BLK | .00 | 2:13pm |
| **SUB TEST** | **.00** | **2:13pm** |
| AIR BLK | .00 | 2:14pm |
| **SUB TEST** | **.00** | **2:16pm** |
| AIR BLK | .00 | 2:17pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650*

Serial Number: *008607* Test Record Number: *601*
Test Date: *04/08/2011* 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 |
| BT | Pass | 2:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:19pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:19pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HALIFAX Instrument Location HALIFAX CO. SHERIFF DEPT.

Instrument Serial No. 008695 FERRELL LN. HALIFAX, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HALIFAX CO. HALIFAX CO. SD 410*

Serial Number: *008695*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG016501
Exp Date: 06/14/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:53pm |
| AIR BLK | .00 | 12:54pm |
| ACCY CHK | .08 | 12:55pm |
| AIR BLK | .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**

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

# Intox EC/IR-II: Preventive Maintenance

*HALIFAX CO. HALIFAX CO. SD 410*

Serial Number: *008695* Test Record Number: *778*
Test Date: *04/08/2011* Test Time: *1:01pm EDT*

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 | 1:03pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:03pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:03pm |
| CAL | Pass | 1:03pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WARREN Instrument Location WARREN CO. JAIL

Instrument Serial No. 008793 HWY 58 WARRENTON, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WARREN COUNTY WARREN COUNTY JAIL 920*

Serial Number: *008793*
Test Date: *04/07/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023702
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:20pm |
| AIR BLK | .00 | 2:21pm |
| ACCY CHK | .08 | 2:22pm |
| AIR BLK | .00 | 2:23pm |
| **SUB TEST** | **.00** | **2:23pm** |
| AIR BLK | .00 | 2:24pm |
| **SUB TEST** | **.00** | **2:26pm** |
| AIR BLK | .00 | 2:26pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WARREN COUNTY WARREN COUNTY JAIL 920*

Serial Number: *008793* Test Record Number: *420*
Test Date: *04/07/2011* Test Time: *2:29pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:30pm |
| FLO | Pass | 2:30pm |
| FC | Pass | 2:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:30pm |
| SRC | Pass | 2:30pm |
| DET | Pass | 2:30pm |
| BAR | Pass | 2:30pm |
| BT | Pass | 2:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:31pm |
| CAL | Pass | 2:31pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WARREN Instrument Location NORLINA P.D.

Instrument Serial No. 008945 101 MAIN ST. NORLINA, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WARREN COUNTY NORLINA POLICE DEPT 920*

Serial Number: *008945*
Test Date: *04/07/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104101
Exp Date: 02/10/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .07 | 1:37pm |
| AIR BLK | .00 | 1:38pm |
| **SUB TEST** | **.00** | **1:38pm** |
| AIR BLK | .00 | 1:39pm |
| **SUB TEST** | **.00** | **1:41pm** |
| AIR BLK | .00 | 1:42pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WARREN COUNTY NORLINA POLICE DEPT 920*

Serial Number: *008945* Test Record Number: *192*
Test Date: *04/07/2011* Test Time: *1:43pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:43pm |
| FLO | Pass | 1:43pm |
| FC | Pass | 1:43pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:44pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:44pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:44pm |
| CAL | Pass | 1:44pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location ROCKY MT P.D

Instrument Serial No. 008740 #1 GOVERNMENT PLAZA, ROCKY MOUNT, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NASH COUNTY ROCKY MOUNT PD 630*

Serial Number: *008740*
Test Date: *04/05/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG916701
Exp Date: 06/16/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:42am |
| AIR BLK | .00 | 11:43am |
| ACCY CHK | .08 | 11:43am |
| AIR BLK | .00 | 11:44am |
| **SUB TEST** | **.00** | **11:45am** |
| AIR BLK | .00 | 11:46am |
| **SUB TEST** | **.00** | **11:47am** |
| AIR BLK | .00 | 11:48am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*NASH COUNTY ROCKY MOUNT PD 630*

Serial Number: *008740* Test Record Number: *322*
Test Date: *04/05/2011* Test Time: *11:50am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:50am |
| SRC | Pass | 11:50am |
| DET | Pass | 11:50am |
| BAR | Pass | 11:50am |
| BT | Pass | 11:50am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:51am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:51am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:51am |
| CAL | Pass | 11:51am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location Rocky Mount P.D.

Instrument Serial No. 008741 1# Guvernment Plaza, Rocky Mount, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NASH COUNTY ROCKY MOUNT PD 630*

Serial Number: *008741*
Test Date: *04/05/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104101
Exp Date: 02/10/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:50am |
| AIR BLK | .00 | 11:51am |
| ACCY CHK | .08 | 11:51am |
| AIR BLK | .00 | 11:52am |
| **SUB TEST** | **.00** | **11:53am** |
| AIR BLK | .00 | 11:54am |
| **SUB TEST** | **.00** | **11:55am** |
| AIR BLK | .00 | 11:56am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*NASH COUNTY ROCKY MOUNT PD 630*

Serial Number: *008741* Test Record Number: *720*
Test Date: *04/05/2011* Test Time: *11:58am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:59am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:59am |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location NASH Co. JAIL

Instrument Serial No. 008630 NASHVILLE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NASH COUNTY NASH COUNTY JAIL 630*

Serial Number: *008630*
Test Date: *04/04/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104004
Exp Date: 02/09/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:16am |
| AIR BLK | .00 | 11:17am |
| ACCY CHK | .08 | 11:18am |
| AIR BLK | .00 | 11:19am |
| **SUB TEST** | **.00** | **11:20am** |
| AIR BLK | .00 | 11:20am |
| **SUB TEST** | **.00** | **11:22am** |
| AIR BLK | .00 | 11:23am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*NASH COUNTY NASH COUNTY JAIL 630*

Serial Number: *008630* Test Record Number: *2018*
Test Date: *04/04/2011* Test Time: *11:24am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:25am |
| SRC | Pass | 11:25am |
| DET | Pass | 11:25am |
| BAR | Pass | 11:25am |
| BT | Pass | 11:25am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:25am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:25am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:25am |
| CAL | Pass | 11:25am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location WAKE FOREST P.D.

Instrument Serial No. 008700 401 OWEN ST. WAKE FOREST, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 6 day of MAY, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY WAKE FOREST PD 910*

Serial Number: *008700*
Test Date: *05/06/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG106703
Exp Date: 03/08/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| ACCY CHK | .08 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| **SUB TEST** | **.00** | **12:36pm** |
| AIR BLK | .00 | 12:36pm |
| **SUB TEST** | **.00** | **12:38pm** |
| AIR BLK | .00 | 12:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY WAKE FOREST PD 910*

Serial Number: *008700* Test Record Number: *463*
Test Date: *05/06/2011* Test Time: *12:40pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:41pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:41pm |
| CAL | Pass | 12:41pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County WAKE Instrument Location KNIGHTDALE P.S.

Instrument Serial No. 008838 979 STEEPLE SQUARE CT. KNIGHTDALE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 6 day of MAY, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY KNIGHTDALE PS 910*

Serial Number: *008838*
Test Date: *05/06/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002602
Exp Date: 01/26/2012

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY KNIGHTDALE PS 910*

Serial Number: *008838* Test Record Number: *496*
Test Date: *05/06/2011* Test Time: *11:12am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:13am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:13am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CASWELL Instrument Location SHP CASWELL OFFICE

Instrument Serial No. 008593 956 FIRETOWER RD. BLANCH, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 26 day of APRIL, 2011 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CASWELL COUNTY SHP YANCEYVILLE 160*

Serial Number: *008593*
Test Date: *04/26/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002602
Exp Date: 01/26/2012

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*CASWELL COUNTY SHP YANCEYVILLE 160*

Serial Number: *008593* Test Record Number: *666*
Test Date: *04/26/2011* Test Time: *12:18pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:18pm |
| FLO | Pass | 12:18pm |
| FC | Pass | 12:18pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:18pm |
| SRC | Pass | 12:18pm |
| DET | Pass | 12:18pm |
| BAR | Pass | 12:18pm |
| BT | Pass | 12:18pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:19pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:19pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:19pm |
| CAL | Pass | 12:19pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Subject Test**

*WAKE COUNTY CCBI 910*

Serial Number: *008816*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name: *CANISTER, CHANGE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name:
*QUARANTELLO, NICHOLAS J*
Permit Number: *21536E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG106703
Exp Date: 03/08/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:46pm |
| AIR BLK | .00 | 12:47pm |
| ACCY CHK | .07 | 12:48pm |
| AIR BLK | .00 | 12:49pm |
| **SUB TEST** | **.00** | **12:50pm** |
| AIR BLK | .00 | 12:51pm |
| **SUB TEST** | **.00** | **12:52pm** |
| AIR BLK | .00 | 12:53pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

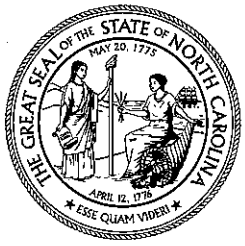
County VANCE Instrument Location VANCE CO. SHERIFFS DEPT

Instrument Serial No. 008937 156 CHURCH ST. HENDERSON, N.C

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 25 day of APRIL, 2011 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.




[signature] 652

Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*VANCE COUNTY SHERIFF'S DEPARTMENT 900*

Serial Number: *008937*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023702
Exp Date: 08/25/2012

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*VANCE COUNTY SHERIFF'S DEPARTMENT 900*

Serial Number: *008937* Test Record Number: *961*
Test Date: *04/25/2011* 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 | Pass | 12:15pm |
| SRC | Pass | 12:15pm |
| DET | Pass | 12:15pm |
| BAR | Pass | 12:15pm |
| BT | Pass | 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 | Pass | 12:16pm |
| CAL | Pass | 12:16pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County VANCE Instrument Location VANCE Co. SHERIFFS DEPT.

Instrument Serial No. 008870 156 CHURCH ST. HENDERSON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 25 day of APRIL, 20 11 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.

Signature of Certifying Official

652
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*VANCE COUNTY SHERIFF'S DEPARTMENT 900*

Serial Number: *008870*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023702
Exp Date: 08/25/2012

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Preventive Maintenance**

*VANCE COUNTY SHERIFF'S DEPARTMENT 900*

Serial Number: *008870* Test Record Number: *260*
Test Date: *04/25/2011* Test Time: *12:16pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:16pm |
| FLO | Pass | 12:16pm |
| FC | Pass | 12:16pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:16pm |
| SRC | Pass | 12:16pm |
| DET | Pass | 12:16pm |
| BAR | Pass | 12:16pm |
| BT | Pass | 12:16pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:17pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:17pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:17pm |
| CAL | Pass | 12:17pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Bat Mobile Unit-5

Instrument Serial No. 008600 Greensboro, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Signature of Certifying Official

642
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GUILFORD COUNTY BAT MOBILE UNIT 5 400*

Serial Number: *008600*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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, L K*
Permit Number: *11598E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG920302
Exp Date: 07/22/2011

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

**Reported AC: .00 g/210L**

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*GUILFORD COUNTY BAT MOBILE UNIT 5 400*

Serial Number: *008600* Test Record Number: *770*
Test Date: *04/15/2011* Test Time: *10:29pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:30pm |
| FLO | Pass | 10:30pm |
| FC | Pass | 10:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:30pm |
| SRC | Pass | 10:30pm |
| DET | Pass | 10:30pm |
| BAR | Pass | 10:30pm |
| BT | Pass | 10:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:31pm |
| CAL | Pass | 10:31pm |

Preventive Maintenance
Status: Pass

L. Kevin Dean
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Bat Mobile Unit-5

Instrument Serial No. 008788 Greensboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 20 11 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.

Signature of Certifying Official

642
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GUILFORD COUNTY BAT MOBILE UNIT 5 400*

Serial Number: *008788*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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, L K*
Permit Number: *11598E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG003403
Exp Date: 02/03/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:27pm |
| AIR BLK | .00 | 10:28pm |
| ACCY CHK | .07 | 10:29pm |
| AIR BLK | .00 | 10:30pm |
| **SUB TEST** | **.00** | **10:30pm** |
| AIR BLK | .00 | 10:31pm |
| **SUB TEST** | **.00** | **10:33pm** |
| AIR BLK | .00 | 10:34pm |

**Reported AC: .00 g/210L**

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*GUILFORD COUNTY BAT MOBILE UNIT 5 400*

Serial Number: *008788* Test Record Number: *518*
Test Date: *04/15/2011* Test Time: *10:35pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:35pm |
| FLO | Pass | 10:35pm |
| FC | Pass | 10:35pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:35pm |
| SRC | Pass | 10:35pm |
| DET | Pass | 10:35pm |
| BAR | Pass | 10:35pm |
| BT | Pass | 10:35pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:36pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:36pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:36pm |
| CAL | Pass | 10:36pm |

Preventive Maintenance
Status: Pass

L. Kevin Dean

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Bat Mobile Unit-5

Instrument Serial No. 008698 Greensboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

S. Kevin Dean
Signature of Certifying Official

642
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GUILFORD COUNTY BAT MOBILE UNIT 5 400*

Serial Number: *008698*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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, L K*
Permit Number: *11598E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG920302
Exp Date: 07/22/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:24pm |
| AIR BLK | .00 | 10:25pm |
| ACCY CHK | .08 | 10:26pm |
| AIR BLK | .00 | 10:27pm |
| **SUB TEST** | **.00** | **10:27pm** |
| AIR BLK | .00 | 10:28pm |
| **SUB TEST** | **.00** | **10:30pm** |
| AIR BLK | .00 | 10:31pm |

**Reported AC: .00 g/210L**

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*GUILFORD COUNTY BAT MOBILE UNIT 5 400*

Serial Number: *008698* Test Record Number: *626*
Test Date: *04/15/2011* Test Time: *10:32pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:32pm |
| FLO | Pass | 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 |
|---|---|---|
| AIR | Pass | 10:33pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:33pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:33pm |
| CAL | Pass | 10:33pm |

Preventive Maintenance
Status: Pass

L Kein Dean

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SCOTLAND Instrument Location SCOTLAND Co. Sheriffs

Instrument Serial No. 008861 OFFICE LAURINBURG NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 19 day of APRIL, 2011 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*SCOTLAND COUNTY SHERIFF'S OFFICE 820*

Serial Number: *008861*
Test Date: *04/19/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG102602
Exp Date: 01/26/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:15pm |
| AIR BLK | .00 | 3:16pm |
| ACCY CHK | .08 | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| **SUB TEST** | **.00** | **3:18pm** |
| AIR BLK | .00 | 3:19pm |
| **SUB TEST** | **.00** | **3:20pm** |
| AIR BLK | .00 | 3:21pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*SCOTLAND COUNTY SHERIFF'S OFFICE 820*

Serial Number: *008861* Test Record Number: *435*
Test Date: *04/19/2011* Test Time: *3:22pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:23pm |
| FLO | Pass | 3:23pm |
| FC | Pass | 3:23pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:24pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:24pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:24pm |
| CAL | Pass | 3:24pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ANSON Instrument Location ANSON Co. Sheriffs OFFICE

Instrument Serial No. 008739 WADESBORO, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 19 day of APRIL, 2011 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.

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY ANSON COUNTY S.O. 030*

Serial Number: *008739*
Test Date: *04/19/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002802
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:35am |
| AIR BLK | .00 | 11:36am |
| ACCY CHK | .08 | 11:36am |
| AIR BLK | .00 | 11:37am |
| **SUB TEST** | **.00** | **11:38am** |
| AIR BLK | .00 | 11:39am |
| **SUB TEST** | **.00** | **11:40am** |
| AIR BLK | .00 | 11:41am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
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# Intox EC/IR-II: Preventive Maintenance

*ANSON COUNTY ANSON COUNTY S.O. 030*

Serial Number: *008739* Test Record Number: *123*
Test Date: *04/19/2011* Test Time: *11:44am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:44am |
| FLO | Pass | 11:44am |
| FC | Pass | 11:44am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:45am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:45am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:45am |
| CAL | Pass | 11:45am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ANSON Instrument Location ANSON Co. Sheriff's

Instrument Serial No. 008597 OFFICE, WADESBORO NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 19 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY ANSON COUNTY SO. 030*

Serial Number: *008597*
Test Date: *04/19/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002802
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:32am |
| AIR BLK | .00 | 11:32am |
| ACCY CHK | .08 | 11:33am |
| AIR BLK | .00 | 11:34am |
| **SUB TEST** | **.00** | **11:35am** |
| AIR BLK | .00 | 11:35am |
| **SUB TEST** | **.00** | **11:38am** |
| AIR BLK | .00 | 11:39am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ANSON COUNTY ANSON COUNTY SO. 030*

Serial Number: *008597* Test Record Number: *554*
Test Date: *04/19/2011* Test Time: *11:41am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:42am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:42am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:42am |
| CAL | Pass | 11:42am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County JOHNSTON Instrument Location BENSON POLICE DEPT.

Instrument Serial No. 008885 BENSON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 18 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JOHNSTON COUNTY BENSON POLICE DEPT.*
*500*

Serial Number: *008885*
Test Date: *04/18/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011701
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:47pm |
| AIR BLK | .00 | 3:47pm |
| ACCY CHK | .08 | 3:48pm |
| AIR BLK | .00 | 3:49pm |
| **SUB TEST** | **.00** | **3:49pm** |
| AIR BLK | .00 | 3:50pm |
| **SUB TEST** | **.00** | **3:52pm** |
| AIR BLK | .00 | 3:52pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*JOHNSTON COUNTY BENSON POLICE DEPT. 500*

Serial Number: *008885* Test Record Number: *201*
Test Date: *04/18/2011* Test Time: *3:53pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:54pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:54pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:55pm |
| CAL | Pass | 3:55pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County SCOTLAND Instrument Location LAURINBURG POLICE DEPT.

Instrument Serial No. 008834 LAURINBURG NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 19 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*SCOTLAND COUNTY LAURINBURG PD. 820*

Serial Number: *008834*
Test Date: *04/19/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002802
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:55pm |
| AIR BLK | .00 | 1:55pm |
| ACCY CHK | .08 | 1:56pm |
| AIR BLK | .00 | 1:56pm |
| **SUB TEST** | **.00** | **1:57pm** |
| AIR BLK | .00 | 1:58pm |
| **SUB TEST** | **.00** | **2:00pm** |
| AIR BLK | .00 | 2:01pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*SCOTLAND COUNTY LAURINBURG PD. 820*

Serial Number: *008834* Test Record Number: *370*
Test Date: *04/19/2011* Test Time: *2:05pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:05pm |
| FLO | Pass | 2:05pm |
| FC | Pass | 2:05pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:06pm |
| SRC | Pass | 2:06pm |
| DET | Pass | 2:06pm |
| BAR | Pass | 2:06pm |
| BT | Pass | 2:06pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:06pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:06pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:06pm |
| CAL | Pass | 2:06pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Anson-Wadesboro Instrument Location BAT Mobile Unit #2

Instrument Serial No. DD 8929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2011 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.

Jonya B Skinner
Signature of Certifying Official

624
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY BATMOBILE UNIT 2 030*

Serial Number: *008929*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG106703
Exp Date: 03/08/2013

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ANSON COUNTY BATMOBILE UNIT 2 030*

Serial Number: *008929* Test Record Number: *291*
Test Date: *04/29/2011* Test Time: *10:10pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:12pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:12pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:12pm |
| CAL | Pass | 10:12pm |

Preventive Maintenance
Status: Pass

Donna B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Anson - Wadesboro Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008736

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

624
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY BAT MOBILE UNIT 2 030*

Serial Number: *008736*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:51pm |
| AIR BLK | .00 | 9:52pm |
| ACCY CHK | .08 | 9:53pm |
| AIR BLK | .00 | 9:53pm |
| **SUB TEST** | **.00** | **9:55pm** |
| AIR BLK | .00 | 9:56pm |
| **SUB TEST** | **.00** | **9:57pm** |
| AIR BLK | .00 | 9:58pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ANSON COUNTY BAT MOBILE UNIT 2 030*

Serial Number: *008736* Test Record Number: *292*
Test Date: *04/29/2011* Test Time: *10:08pm EDT*

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

| Test | 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

Donya B Skinner

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Anson - Wadesboro Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY BAT MOBILE UNIT 2 030*

Serial Number: *008601*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number:
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:46pm |
| AIR BLK | .00 | 9:47pm |
| ACCY CHK | .07 | 9:48pm |
| AIR BLK | .00 | 9:49pm |
| **SUB TEST** | **.00** | **9:49pm** |
| AIR BLK | .00 | 9:50pm |
| **SUB TEST** | **.00** | **9:53pm** |
| AIR BLK | .00 | 9:54pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Preventive Maintenance**

*ANSON COUNTY BAT MOBILE UNIT 2 030*

Serial Number: *008601* Test Record Number: *568*
Test Date: *04/29/2011* Test Time: *10:00pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:01pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:01pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:01pm |
| CAL | Pass | 10:01pm |

Preventive Maintenance
Status: Pass

Donya B Stunnin
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

Garner -

County Wake - Raleigh Instrument Location Bat Mobile Unit 2

Instrument Serial No. 80 8736

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 30 day of April, 2011 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.

Donya B Stumi
Signature of Certifying Official

64 4
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008736*
Test Date: *04/30/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE B*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:53pm |
| AIR BLK | .00 | 3:54pm |
| ACCY CHK | .08 | 3:55pm |
| AIR BLK | .00 | 3:56pm |
| **SUB TEST** | **.00** | **3:57pm** |
| AIR BLK | .00 | 3:57pm |
| **SUB TEST** | **.00** | **3:59pm** |
| AIR BLK | .00 | 4:00pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008736* Test Record Number: *295*
Test Date: *04/30/2011* Test Time: *4:02pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:03pm |
| FLO | Pass | 4:03pm |
| FC | Pass | 4:03pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:03pm |
| SRC | Pass | 4:03pm |
| DET | Pass | 4:03pm |
| BAR | Pass | 4:03pm |
| BT | Pass | 4:03pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:03pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:03pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:04pm |
| CAL | Pass | 4:04pm |

Preventive Maintenance
Status: Pass

Donya B Stennis
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake - Raleigh Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 30 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601*
Test Date: *04/30/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number:
Exp Date: 08/25/2012

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601* Test Record Number: *572*
Test Date: *04/30/2011* Test Time: *1:41pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:43pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:43pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:43pm |
| CAL | Pass | 1:43pm |

Preventive Maintenance
Status: Pass

Donya B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

Garner

County Wake-Raleigh Instrument Location Bat mobile Unit #2

Instrument Serial No. 008929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 30 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

6244
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BATMOBILE UNIT 2 910*

Serial Number: *008929*
Test Date: *04/30/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG106703
Exp Date: 03/08/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:55pm |
| AIR BLK | .00 | 3:56pm |
| ACCY CHK | .08 | 3:56pm |
| AIR BLK | .00 | 3:57pm |
| **SUB TEST** | **.00** | **3:58pm** |
| AIR BLK | .00 | 3:59pm |
| **SUB TEST** | **.00** | **4:00pm** |
| AIR BLK | .00 | 4:01pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BATMOBILE UNIT 2 910*

Serial Number: *008929* Test Record Number: *293*
Test Date: *04/30/2011* Test Time: *4:06pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:07pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:07pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:07pm |
| CAL | Pass | 4:07pm |

Preventive Maintenance
Status: Pass

Donna B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location BAT Mobile Unit C1

Instrument Serial No. 008717

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 30th day of April, 2011 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.

Signature of Certifying Official

651
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 4 910*

Serial Number: *008717* Test Record Number: *225*
Test Date: *04/30/2011* Test Time: *3:53pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:53pm |
| FLO | Pass | 3:53pm |
| FC | Pass | 3:54pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:54pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:54pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:55pm |
| CAL | Pass | 3:55pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 4 910*

Serial Number: *008717*
Test Date: *04/30/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG920302
Exp Date: 07/22/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:45pm |
| AIR BLK | .00 | 3:46pm |
| ACCY CHK | .08 | 3:47pm |
| AIR BLK | .00 | 3:48pm |
| **SUB TEST** | **.00** | **3:48pm** |
| AIR BLK | .00 | 3:49pm |
| **SUB TEST** | **.00** | **3:51pm** |
| AIR BLK | .00 | 3:52pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location BAT Mobile Unit 4

Instrument Serial No. 003734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 30th day of April, 2011 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.

Signature of Certifying Official

651
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 4 910*

Serial Number: *008734* Test Record Number: *408*
Test Date: *04/30/2011* Test Time: *1:40pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:40pm |
| SRC | Pass | 1:40pm |
| DET | Pass | 1:40pm |
| BAR | Pass | 1:40pm |
| BT | Pass | 1:40pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:41pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:41pm |
| CAL | Pass | 1:41pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 4 910*

Serial Number: *008734*
Test Date: *04/30/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG920302
Exp Date: 07/22/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:33pm |
| AIR BLK | .00 | 1:34pm |
| ACCY CHK | .08 | 1:34pm |
| AIR BLK | .00 | 1:35pm |
| **SUB TEST** | **.00** | **1:35pm** |
| AIR BLK | .00 | 1:36pm |
| **SUB TEST** | **.00** | **1:38pm** |
| AIR BLK | .00 | 1:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 30th day of April, 2011 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.

Signature of Certifying Official

651
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 4 910*

Serial Number: *008871* Test Record Number: *352*
Test Date: *04/30/2011* Test Time: *1:38pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:38pm |
| FLO | Pass | 1:38pm |
| FC | Pass | 1:39pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:39pm |
| SRC | Pass | 1:39pm |
| DET | Pass | 1:39pm |
| BAR | Pass | 1:39pm |
| BT | Pass | 1:39pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:39pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:39pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 4 910*

Serial Number: *008871*
Test Date: *04/30/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 10/02/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:31pm |
| AIR BLK | .00 | 1:32pm |
| ACCY CHK | .08 | 1:32pm |
| 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**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 008839 828 MARTIN LUTHER KING, JR. BLVD
CHAPEL HILL, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of APRIL, 20 11 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.

Brian D. Smith
Signature of Certifying Official

637
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ORANGE COUNTY CHAPEL HILL PD 670*

Serial Number: *008839*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG016501
Exp Date: 06/14/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:26pm |
| AIR BLK | .00 | 2:27pm |
| ACCY CHK | .07 | 2:27pm |
| AIR BLK | .00 | 2:28pm |
| **SUB TEST** | **.00** | **2:29pm** |
| AIR BLK | .00 | 2:30pm |
| **SUB TEST** | **.00** | **2:31pm** |
| AIR BLK | .00 | 2:32pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*ORANGE COUNTY CHAPEL HILL PD 670*

Serial Number: *008839* Test Record Number: *668*
Test Date: *04/29/2011* Test Time: *2:34pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:34pm |
| FLO | Pass | 2:34pm |
| FC | Pass | 2:34pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:35pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:35pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:35pm |
| CAL | Pass | 2:35pm |

Preventive Maintenance
Status: Pass

Brian D Smith
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ORANGE Instrument Location CHAPEL HILL PD

Instrument Serial No. 008856 828 MARTIN LUTHER KING, JR BLVD
CHAPEL HILL, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of APRIL, 2011 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.

Brian D. Smith
Signature of Certifying Official

637
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ORANGE COUNTY CHAPEL HILL PD 670*

Serial Number: *008856*
Test Date: *04/29/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:24pm |
| AIR BLK | .00 | 2:25pm |
| ACCY CHK | .08 | 2:26pm |
| AIR BLK | .00 | 2:27pm |
| **SUB TEST** | **.00** | **2:28pm** |
| AIR BLK | .00 | 2:29pm |
| **SUB TEST** | **.00** | **2:30pm** |
| AIR BLK | .00 | 2:31pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

*ORANGE COUNTY CHAPEL HILL PD 670*

Serial Number: *008856* Test Record Number: *687*
Test Date: *04/29/2011* Test Time: *2:33pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:33pm |
| FLO | Pass | 2:33pm |
| FC | Pass | 2:33pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:33pm |
| SRC | Pass | 2:33pm |
| DET | Pass | 2:33pm |
| BAR | Pass | 2:33pm |
| BT | Pass | 2:33pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:34pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:34pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:34pm |
| CAL | Pass | 2:34pm |

Preventive Maintenance
Status: Pass

Brian D. Smith
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Wayne Co. Detention Center

Instrument Serial No. D08671 207 E. Chestnut St., Goldsboro, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 25th day of April, 2011 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008671*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG925103
Exp Date: 09/08/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:09pm |
| AIR BLK | .00 | 5:10pm |
| ACCY CHK | .08 | 5:10pm |
| AIR BLK | .00 | 5:12pm |
| **SUB TEST** | **.00** | **5:12pm** |
| AIR BLK | .00 | 5:13pm |
| **SUB TEST** | **.00** | **5:14pm** |
| AIR BLK | .00 | 5:15pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008671* Test Record Number: *1713*
Test Date: *04/25/2011* Test Time: *5:16pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:17pm |
| FLO | Pass | 5:17pm |
| FC | Pass | 5:17pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:17pm |
| SRC | Pass | 5:17pm |
| DET | Pass | 5:17pm |
| BAR | Pass | 5:17pm |
| BT | Pass | 5:17pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:17pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:17pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:18pm |
| CAL | Pass | 5:18pm |

Preventive Maintenance
Status: Pass

Linda A. Keese

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Wayne Co. Detention Center

Instrument Serial No. D08649 207 E. Chestnut St., Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 25th day of April, 2011 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008649*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:12pm |
| AIR BLK | .00 | 5:12pm |
| ACCY CHK | .08 | 5:13pm |
| AIR BLK | .00 | 5:14pm |
| **SUB TEST** | **.00** | **5:15pm** |
| AIR BLK | .00 | 5:15pm |
| **SUB TEST** | **.00** | **5:17pm** |
| AIR BLK | .00 | 5:18pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Linda A. Keesler
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008649* Test Record Number: *1794*
Test Date: *04/25/2011* Test Time: *5:19pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:19pm |
| FLO | Pass | 5:19pm |
| FC | Pass | 5:19pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:19pm |
| SRC | Pass | 5:19pm |
| DET | Pass | 5:19pm |
| BAR | Pass | 5:19pm |
| BT | Pass | 5:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:20pm |
| CAL | Pass | 5:20pm |

Preventive Maintenance
Status: Pass

Linda A. Kerr

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Tyrrell Instrument Location Tyrrell Co. So.

Instrument Serial No. 008902 402 Main St., Columbia, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21st day of April, 2011 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.

Signature of Certifying Official

Certificate Number 647

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*TYRRELL COUNTY SHERIFF'S OFFICE 880*

Serial Number: *008902*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011702
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:47am |
| AIR BLK | .00 | 11:48am |
| ACCY CHK | .07 | 11:49am |
| AIR BLK | .00 | 11:50am |
| **SUB TEST** | **.00** | **11:51am** |
| AIR BLK | .00 | 11:52am |
| **SUB TEST** | **.00** | **11:53am** |
| AIR BLK | .00 | 11:54am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Linda A. Keesler
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*TYRRELL COUNTY SHERIFF'S OFFICE 880*

Serial Number: *008902* Test Record Number: *275*
Test Date: *04/21/2011* Test Time: *11:55am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:56am |
| FLO | Pass | 11:56am |
| FC | Pass | 11:56am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:56am |
| SRC | Pass | 11:56am |
| DET | Pass | 11:56am |
| BAR | Pass | 11:56am |
| BT | Pass | 11:56am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:57am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:57am |
| CAL | Pass | 11:57am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. D08783 1044 Driftwood Dr, Manteo, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21st day of April, 2011 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*DARE COUNTY DARE CO DETENTION CE 270*

Serial Number: *008783*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| ACCY CHK | .08 | 1:27pm |
| AIR BLK | .00 | 1:28pm |
| **SUB TEST** | **.00** | **1:29pm** |
| AIR BLK | .00 | 1:29pm |
| **SUB TEST** | **.00** | **1:31pm** |
| AIR BLK | .00 | 1:32pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*DARE COUNTY DARE CO DETENTION CE 270*

Serial Number: *008783* Test Record Number: *183*
Test Date: *04/21/2011* Test Time: *1:34pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:35pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:35pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Dare Instrument Location Dare Co. Detention Center

Instrument Serial No. DO 8804 1044 Driftwood Dr., Manteo, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21st day of April, 20 11 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*DARE COUNTY DARE CO DETENTION CE 270*

Serial Number: *008804*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011702
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:25pm |
| AIR BLK | .00 | 1:26pm |
| ACCY CHK | .07 | 1:26pm |
| AIR BLK | .00 | 1:27pm |
| **SUB TEST** | **.00** | **1:28pm** |
| AIR BLK | .00 | 1:29pm |
| **SUB TEST** | **.00** | **1:31pm** |
| AIR BLK | .00 | 1:32pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Linda A. Keesler
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*DARE COUNTY DARE CO DETENTION CE 270*

Serial Number: *008804* Test Record Number: *771*
Test Date: *04/21/2011* Test Time: *1:33pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:34pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:35pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

Linda A. Kerr
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Seymour Johnson A.F.B.

Instrument Serial No. 008786 1010 Vermont Garrison Rd., Goldsboro

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 25th day of April, 20 11 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY SEYMOUR JOHNSON AFB 950*

Serial Number: *008786*
Test Date: *04/25/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG102701
Exp Date: 01/27/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 6:06pm |
| AIR BLK | .00 | 6:07pm |
| ACCY CHK | .08 | 6:07pm |
| AIR BLK | .00 | 6:08pm |
| **SUB TEST** | **.00** | **6:09pm** |
| AIR BLK | .00 | 6:10pm |
| **SUB TEST** | **.00** | **6:11pm** |
| AIR BLK | .00 | 6:12pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY SEYMOUR JOHNSON AFB 950*

Serial Number: *008786* Test Record Number: *105*
Test Date: *04/25/2011* Test Time: *6:12pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 6:13pm |
| FLO | Pass | 6:13pm |
| FC | Pass | 6:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 6:13pm |
| SRC | Pass | 6:13pm |
| DET | Pass | 6:13pm |
| BAR | Pass | 6:13pm |
| BT | Pass | 6:13pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 6:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 6:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 6:14pm |
| CAL | Pass | 6:14pm |

Preventive Maintenance
Status: Pass

Linda A. Kerr
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location Beaufort Co. Courthouse

Instrument Serial No. 008586 102 E. 2nd Street; Washington, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 26th day of April, 2011 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BEAUFORT COUNTY COURTHOUSE 060*

Serial Number: *008586*
Test Date: *04/26/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:49am |
| AIR BLK | .00 | 10:50am |
| ACCY CHK | .08 | 10:51am |
| AIR BLK | .00 | 10:52am |
| **SUB TEST** | **.00** | **10:53am** |
| AIR BLK | .00 | 10:54am |
| **SUB TEST** | **.00** | **10:57am** |
| AIR BLK | .00 | 10:58am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*BEAUFORT COUNTY COURTHOUSE 060*

Serial Number: *008586* Test Record Number: *661*
Test Date: *04/26/2011* 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 | 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 | Pass | 11:01am |
| CAL | Pass | 11:01am |

Preventive Maintenance
Status: Pass

Linda A. Keel
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Kings Mountain P.D.

Instrument Serial No. 008900 1125 S. Piedmont Ave., Kings Mountain
704-734-0444

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 12 day of April, 2011 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.

Bobby D. Willis
Signature of Certifying Official

557
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CLEVELAND COUNTY KINGS MOUNTAIN PD 220*

Serial Number: *008900*
Test Date: *04/12/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002704
Exp Date: 01/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:11am |
| AIR BLK | .00 | 10:12am |
| ACCY CHK | .08 | 10:12am |
| AIR BLK | .00 | 10:13am |
| **SUB TEST** | **.00** | **10:14am** |
| AIR BLK | .00 | 10:15am |
| **SUB TEST** | **.00** | **10:16am** |
| AIR BLK | .00 | 10:17am |

**Reported AC: .00 g/210L**

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

*CLEVELAND COUNTY KINGS MOUNTAIN PD 220*

Serial Number: *008900* Test Record Number: *296*
Test Date: *04/12/2011* Test Time: *10:18am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:18am |
| FLO | Pass | 10:18am |
| FC | Pass | 10:18am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:19am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:19am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:19am |
| CAL | Pass | 10:19am |

Preventive Maintenance
Status: Pass

Bobby D. Willis
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Union County S.D.

Instrument Serial No. 008866 3344 Presson Rd., Monroe
704-283-3770

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 6 day of April, 2011 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.

Bobby C. Willis
Signature of Certifying Official

557
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*UNION COUNTY UNION COUNTY SD 890*

Serial Number: *008866*
Test Date: *04/06/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011701
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:50am |
| AIR BLK | .00 | 11:51am |
| ACCY CHK | .08 | 11:52am |
| AIR BLK | .00 | 11:53am |
| **SUB TEST** | **.00** | **11:53am** |
| AIR BLK | .00 | 11:54am |
| **SUB TEST** | **.00** | **11:56am** |
| AIR BLK | .00 | 11:57am |

**Reported AC: .00 g/210L**

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*UNION COUNTY UNION COUNTY SD 890*

Serial Number: *008866* Test Record Number: *895*
Test Date: *04/06/2011* Test Time: *11:57am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:59am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:59am |

CRC Tests

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

Preventive Maintenance
Status: Pass

Bobby D. Willis
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Union Instrument Location Union County S.D.

Instrument Serial No. 008876 3344 Presson Rd, Monroe
704-283-3770

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 6 day of April, 2011 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.

Bobby C. Willis
Signature of Certifying Official

557
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*UNION COUNTY UNION COUNTY SD 890*

Serial Number: *008876*
Test Date: *04/06/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011701
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:15am |
| AIR BLK | .00 | 11:15am |
| ACCY CHK | .08 | 11:16am |
| AIR BLK | .00 | 11:18am |
| **SUB TEST** | **.00** | **11:18am** |
| AIR BLK | .00 | 11:19am |
| **SUB TEST** | **.00** | **11:21am** |
| AIR BLK | .00 | 11:22am |

**Reported AC: .00 g/210L**

Bobby D. Willis
Signature of Chemical Analyst

Court CVR

Bobby D. Willis
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*UNION COUNTY UNION COUNTY SD 890*

Serial Number: *008876* Test Record Number: *1916*
Test Date: *04/06/2011* Test Time: *11:28am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:29am |
| SRC | Pass | 11:29am |
| DET | Pass | 11:29am |
| BAR | Pass | 11:29am |
| BT | Pass | 11:29am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:29am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:29am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:30am |
| CAL | Pass | 11:30am |

Preventive Maintenance
Status: Pass

Bolley D. Willis
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rockingham Instrument Location Rockingham Co Jail

Instrument Serial No. 008638

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 18 day of April, 2011 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.

Signature of Certifying Official

632
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROCKINGHAM COUNTY ROCKINGHAM CO JAIL*
*780*

Serial Number: *008638*
Test Date: *04/18/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG102602
Exp Date: 01/26/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:43pm |
| AIR BLK | .00 | 3:43pm |
| ACCY CHK | .08 | 3:44pm |
| AIR BLK | .00 | 3:45pm |
| **SUB TEST** | **.00** | **3:45pm** |
| AIR BLK | .00 | 3:46pm |
| **SUB TEST** | **.00** | **3:48pm** |
| AIR BLK | .00 | 3:49pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780*

Serial Number: *008638* Test Record Number: *380*
Test Date: *04/18/2011* Test Time: *3:49pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:50pm |
| FLO | Pass | 3:50pm |
| FC | Pass | 3:50pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:51pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:51pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:51pm |
| CAL | Pass | 3:51pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alleghany Instrument Location Alleghany C. Jail

Instrument Serial No. 008890

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Signature of Certifying Official

632
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALLEGHANY COUNTY ALLEGHANY CO JAIL 020*

Serial Number: *008890*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011702
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:08pm |
| AIR BLK | .00 | 2:09pm |
| ACCY CHK | .08 | 2:10pm |
| AIR BLK | .00 | 2:11pm |
| **SUB TEST** | **.00** | **2:11pm** |
| AIR BLK | .00 | 2:12pm |
| **SUB TEST** | **.00** | **2:14pm** |
| AIR BLK | .00 | 2:15pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ALLEGHANY COUNTY ALLEGHANY CO JAIL 020*

Serial Number: *008890* Test Record Number: *246*
Test Date: *04/15/2011* Test Time: *2:15pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:15pm |
| FLO | Pass | 2:15pm |
| FC | Pass | 2:16pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:16pm |
| SRC | Pass | 2:16pm |
| DET | Pass | 2:16pm |
| BAR | Pass | 2:16pm |
| BT | Pass | 2:16pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:16pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:16pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:16pm |
| CAL | Pass | 2:16pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Ashe

Instrument Location Ashe Co Jail
140 Government Cir.
Jefferson, NC 28640

Instrument Serial No. 008849

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Signature of Certifying Official

632
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ASHE COUNTY ASHE COUNTY JAIL 040*

Serial Number: *008849*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011702
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| ACCY CHK | .08 | 12:58pm |
| AIR BLK | .00 | 12:59pm |
| **SUB TEST** | **.00** | **12:59pm** |
| AIR BLK | .00 | 1:00pm |
| **SUB TEST** | **.00** | **1:02pm** |
| AIR BLK | .00 | 1:03pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ASHE COUNTY ASHE COUNTY JAIL 040*

Serial Number: *008849* Test Record Number: *496*
Test Date: *04/15/2011* Test Time: *1:03pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:04pm |
| FLO | Pass | 1:04pm |
| FC | Pass | 1:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:04pm |
| SRC | Pass | 1:04pm |
| DET | Pass | 1:04pm |
| BAR | Pass | 1:04pm |
| BT | Pass | 1:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:04pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:04pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:05pm |
| CAL | Pass | 1:05pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Gates Instrument Location Gates Co. S.O.

Instrument Serial No. 008884 202 Court St., Gatesville, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 27th day of April, 2011 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.

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GATES COUNTY GATES CO SO 360*

Serial Number: *008884*
Test Date: *04/27/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG002803
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:49am |
| AIR BLK | .00 | 10:50am |
| ACCY CHK | .08 | 10:50am |
| AIR BLK | .00 | 10:51am |
| **SUB TEST** | **.00** | **10:52am** |
| AIR BLK | .00 | 10:53am |
| **SUB TEST** | **.00** | **10:54am** |
| AIR BLK | .00 | 10:55am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*GATES COUNTY GATES CO SO 360*

Serial Number: *008884* Test Record Number: *310*
Test Date: *04/27/2011* Test Time: *10:56am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:57am |
| FLO | Pass | 10:57am |
| FC | Pass | 10:57am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:57am |
| SRC | Pass | 10:57am |
| DET | Pass | 10:57am |
| BAR | Pass | 10:57am |
| BT | Pass | 10:57am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:57am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:57am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:58am |
| CAL | Pass | 10:58am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008722 Sylva, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 18 day of April, 20 11 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.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JACKSON COUNTY JACKSON COUNTY JAIL 490*

Serial Number: *008722*
Test Date: *04/18/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023702
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:57am |
| AIR BLK | .00 | 11:58am |
| ACCY CHK | .08 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| **SUB TEST** | **.00** | **12:00pm** |
| AIR BLK | .00 | 12:01pm |
| **SUB TEST** | **.00** | **12:03pm** |
| AIR BLK | .00 | 12:04pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*JACKSON COUNTY JACKSON COUNTY JAIL 490*

Serial Number: *008722* Test Record Number: *416*
Test Date: *04/18/2011* Test Time: *11:54am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:54am |
| FLO | Pass | 11:54am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:56am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:56am |
| CAL | Pass | 11:56am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Swain Instrument Location Cherokee P.D.

Instrument Serial No. 008782 Cherokee, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 20 11 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.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

*SWAIN COUNTY CHEROKEE INDIAN PD 860*

Serial Number: *008782*
Test Date: *04/04/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG104101
Exp Date: 02/10/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:22pm |
| AIR BLK | .00 | 2:22pm |
| ACCY CHK | .08 | 2:23pm |
| AIR BLK | .00 | 2:24pm |
| **SUB TEST** | **.00** | **2:24pm** |
| AIR BLK | .00 | 2:25pm |
| **SUB TEST** | **.00** | **2:27pm** |
| AIR BLK | .00 | 2:28pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*SWAIN COUNTY CHEROKEE INDIAN PD 860*

Serial Number: *008782* Test Record Number: *470*
Test Date: *04/04/2011* Test Time: *2:28pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:30pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:30pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:30pm |
| CAL | Pass | 2:30pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake-Cary Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008736

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008736*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:23pm |
| AIR BLK | .00 | 10:24pm |
| ACCY CHK | .08 | 10:24pm |
| AIR BLK | .00 | 10:25pm |
| **SUB TEST** | **.00** | **10:26pm** |
| AIR BLK | .00 | 10:27pm |
| **SUB TEST** | **.00** | **10:28pm** |
| AIR BLK | .00 | 10:29pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008736* Test Record Number: *289*
Test Date: *04/21/2011* Test Time: *10:53pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:54pm |
| FLO | Pass | 10:54pm |
| FC | Pass | 10:54pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:54pm |
| SRC | Pass | 10:54pm |
| DET | Pass | 10:54pm |
| BAR | Pass | 10:54pm |
| BT | Pass | 10:54pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:55pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:55pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:55pm |
| CAL | Pass | 10:55pm |

Preventive Maintenance
Status: Pass

Donya B Skinner
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake-Cary Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 21 day of April, 2011 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.

Donna B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601* Test Record Number: *564*
Test Date: *04/21/2011* Test Time: *10:29pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:30pm |
| FLO | Pass | 10:30pm |
| FC | Pass | 10:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:30pm |
| SRC | Pass | 10:30pm |
| DET | Pass | 10:30pm |
| BAR | Pass | 10:30pm |
| BT | Pass | 10:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:31pm |
| CAL | Pass | 10:31pm |

Preventive Maintenance
Status: Pass

Donya B Skinner
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601*
Test Date: *04/21/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number:
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:21pm |
| AIR BLK | .00 | 10:22pm |
| ACCY CHK | .07 | 10:23pm |
| AIR BLK | .00 | 10:23pm |
| **SUB TEST** | **.00** | **10:24pm** |
| AIR BLK | .00 | 10:25pm |
| **SUB TEST** | **.00** | **10:27pm** |
| AIR BLK | .00 | 10:27pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph - Archdale Instrument Location Bat Mobile Unit 5

Instrument Serial No. 008600

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 16 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RANDOLPH COUNTY BAT MOBILE UNIT 5 750*

Serial Number: *008600*
Test Date: *04/16/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG920302
Exp Date: 07/22/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:48pm |
| AIR BLK | .00 | 10:49pm |
| ACCY CHK | .08 | 10:50pm |
| AIR BLK | .00 | 10:51pm |
| **SUB TEST** | **.00** | **10:51pm** |
| AIR BLK | .00 | 10:52pm |
| **SUB TEST** | **.00** | **10:54pm** |
| AIR BLK | .00 | 10:55pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*RANDOLPH COUNTY BAT MOBILE UNIT 5 750*

Serial Number: *008600* Test Record Number: *775*
Test Date: *04/16/2011* Test Time: *10:57pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:57pm |
| FLO | Pass | 10:57pm |
| FC | Pass | 10:57pm |

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 | Pass | 10:58pm |
| CAL | Pass | 10:58pm |

Preventive Maintenance
Status: Pass

Tonya B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Randolph - Archdale Instrument Location Bat Mobile Unit 5

Instrument Serial No. 008698

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 16 day of April, 2011 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.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RANDOLPH COUNTY BAT MOBILE UNIT 5 750*

Serial Number: *008698*
Test Date: *04/16/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG920302
Exp Date: 07/22/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:50pm |
| AIR BLK | .00 | 10:51pm |
| ACCY CHK | .08 | 10:51pm |
| AIR BLK | .00 | 10:52pm |
| **SUB TEST** | **.00** | **10:53pm** |
| AIR BLK | .00 | 10:54pm |
| **SUB TEST** | **.00** | **10:55pm** |
| AIR BLK | .00 | 10:56pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*RANDOLPH COUNTY BAT MOBILE UNIT 5 750*

Serial Number: *008698* Test Record Number: *631*
Test Date: *04/16/2011* Test Time: *10:59pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:59pm |
| FLO | Pass | 10:59pm |
| FC | Pass | 10:59pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:59pm |
| SRC | Pass | 10:59pm |
| DET | Pass | 10:59pm |
| BAR | Pass | 10:59pm |
| BT | Pass | 10:59pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:00pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:00pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:00pm |
| CAL | Pass | 11:00pm |

Preventive Maintenance
Status: Pass

Donya B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake - Raleigh Instrument Location 008929 - Bat #2 mobile unit

Instrument Serial No. 008929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 16 day of April, 20 11 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.

Donna B Skinner
Signature of Certifying Official

644
Certificate Number

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

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BATMOBILE UNIT 2 910*

Serial Number: *008929*
Test Date: *04/16/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG106703
Exp Date: 03/08/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:00am |
| AIR BLK | .00 | 1:01am |
| ACCY CHK | .07 | 1:01am |
| AIR BLK | .00 | 1:02am |
| **SUB TEST** | **.00** | **1:03am** |
| AIR BLK | .00 | 1:04am |
| **SUB TEST** | **.00** | **1:05am** |
| AIR BLK | .00 | 1:06am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BATMOBILE UNIT 2 910*

Serial Number: *008929* Test Record Number: *286*
Test Date: *04/16/2011* Test Time: *1:08am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:08am |
| FLO | Pass | 1:08am |
| FC | Pass | 1:08am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:08am |
| SRC | Pass | 1:08am |
| DET | Pass | 1:08am |
| BAR | Pass | 1:08am |
| BT | Pass | 1:08am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:09am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:09am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:09am |
| CAL | Pass | 1:09am |

Preventive Maintenance
Status: Pass

_____

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake- Raleigh Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number:
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:17pm |
| AIR BLK | .00 | 8:18pm |
| ACCY CHK | .07 | 8:19pm |
| AIR BLK | .00 | 8:20pm |
| **SUB TEST** | **.00** | **8:21pm** |
| AIR BLK | .00 | 8:21pm |
| **SUB TEST** | **.00** | **8:23pm** |
| AIR BLK | .00 | 8:24pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601* Test Record Number: *555*
Test Date: *04/15/2011* Test Time: *8:29pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:30pm |
| FLO | Pass | 8:30pm |
| FC | Pass | 8:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:31pm |
| CAL | Pass | 8:31pm |

Preventive Maintenance
Status: Pass

Donya B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake- Raleigh Instrument Location Bat Mobile Unit 2

Instrument Serial No. D08601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Donya B Stunnis
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number:
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:17pm |
| AIR BLK | .00 | 8:18pm |
| ACCY CHK | .07 | 8:19pm |
| AIR BLK | .00 | 8:20pm |
| **SUB TEST** | **.00** | **8:21pm** |
| AIR BLK | .00 | 8:21pm |
| **SUB TEST** | **.00** | **8:23pm** |
| AIR BLK | .00 | 8:24pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008601* Test Record Number: *555*
Test Date: *04/15/2011* Test Time: *8:29pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:30pm |
| FLO | Pass | 8:30pm |
| FC | Pass | 8:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:31pm |
| CAL | Pass | 8:31pm |

Preventive Maintenance
Status: Pass

Donya B Skinner

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wake - Raleigh Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 15 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008736*
Test Date: *04/15/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:19pm |
| AIR BLK | .00 | 8:20pm |
| ACCY CHK | .08 | 8:21pm |
| AIR BLK | .00 | 8:22pm |
| **SUB TEST** | **.00** | **8:22pm** |
| AIR BLK | .00 | 8:23pm |
| **SUB TEST** | **.00** | **8:25pm** |
| AIR BLK | .00 | 8:26pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 2 910*

Serial Number: *008736* Test Record Number: *279*
Test Date: *04/15/2011* Test Time: *8:30pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:30pm |
| FLO | Pass | 8:30pm |
| FC | Pass | 8:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:31pm |
| CAL | Pass | 8:31pm |

Preventive Maintenance
Status: Pass

Donya B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14 day of APRIL, 20 11 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.

Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 3*
*590*

Serial Number: *008647*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:16pm |
| AIR BLK | .00 | 11:17pm |
| ACCY CHK | .08 | 11:17pm |
| AIR BLK | .00 | 11:18pm |
| **SUB TEST** | **.00** | **11:18pm** |
| AIR BLK | .00 | 11:19pm |
| **SUB TEST** | **.00** | **11:21pm** |
| AIR BLK | .00 | 11:22pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 3 590*

Serial Number: *008647* Test Record Number: *1052*
Test Date: *04/14/2011* Test Time: *11:22pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:24pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:24pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:24pm |
| CAL | Pass | 11:24pm |

Preventive Maintenance
Status: Pass

Alan Ray Barnes
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14 day of APRIL, 20 11 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.

Allen Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 3*
*590*

Serial Number: *008616*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023601
Exp Date: 08/24/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:33pm |
| AIR BLK | .00 | 11:34pm |
| ACCY CHK | .08 | 11:34pm |
| AIR BLK | .00 | 11:35pm |
| **SUB TEST** | **.00** | **11:36pm** |
| AIR BLK | .00 | 11:37pm |
| **SUB TEST** | **.00** | **11:38pm** |
| AIR BLK | .00 | 11:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 3 590*

Serial Number: *008616* Test Record Number: *1003*
Test Date: *04/14/2011* Test Time: *11:45pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:46pm |
| FLO | Pass | 11:46pm |
| FC | Pass | 11:46pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:46pm |
| SRC | Pass | 11:46pm |
| DET | Pass | 11:46pm |
| BAR | Pass | 11:46pm |
| BT | Pass | 11:46pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:47pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:47pm |
| CAL | Pass | 11:47pm |

Preventive Maintenance
Status: Pass

Alan Ray Bennett
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008910 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14 day of APRIL, 2011 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.

Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 3*
*590*

Serial Number: *008910*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:18pm |
| AIR BLK | .00 | 11:19pm |
| ACCY CHK | .07 | 11:20pm |
| AIR BLK | .00 | 11:20pm |
| **SUB TEST** | **.00** | **11:21pm** |
| AIR BLK | .00 | 11:22pm |
| **SUB TEST** | **.00** | **11:23pm** |
| AIR BLK | .00 | 11:24pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 3 590*

Serial Number: *008910* Test Record Number: *179*
Test Date: *04/14/2011* Test Time: *11:25pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:25pm |
| FLO | Pass | 11:25pm |
| FC | Pass | 11:25pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:25pm |
| SRC | Pass | 11:25pm |
| DET | Pass | 11:25pm |
| BAR | Pass | 11:25pm |
| BT | Pass | 11:25pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:26pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:26pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:26pm |
| CAL | Pass | 11:26pm |

Preventive Maintenance
Status: Pass

Alan Ray Bennett
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Pitt Instrument Location Ayden Police Dept.

Instrument Serial No. 00860660 4144 West Ave., Ayden, NC 28513

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 11th day of April, 2011 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.

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*PITT AYDEN PD 730*

Serial Number: *008666*
Test Date: *04/11/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG102701
Exp Date: 01/27/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:46am |
| AIR BLK | .00 | 9:47am |
| ACCY CHK | .08 | 9:48am |
| AIR BLK | .00 | 9:49am |
| **SUB TEST** | **.00** | **9:50am** |
| AIR BLK | .00 | 9:50am |
| **SUB TEST** | **.00** | **9:52am** |
| AIR BLK | .00 | 9:53am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*PITT AYDEN PD 730*

Serial Number: *008666* Test Record Number: *472*
Test Date: *04/11/2011* Test Time: *9:54am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:55am |
| FLO | Pass | 9:55am |
| FC | Pass | 9:55am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:55am |
| SRC | Pass | 9:55am |
| DET | Pass | 9:55am |
| BAR | Pass | 9:55am |
| BT | Pass | 9:55am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:55am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:55am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:56am |
| CAL | Pass | 9:56am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Seymour Johnson A.F.B.

Instrument Serial No. 008786 1010 Vermont Garrison Rd., Goldsboro

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 7th day of April, 20 11 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY SEYMOUR JOHNSON AFB 950*

Serial Number: *008786*
Test Date: *04/07/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG910601
Exp Date: 04/16/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:42am |
| AIR BLK | .00 | 8:43am |
| ACCY CHK | .08 | 8:44am |
| AIR BLK | .00 | 8:45am |
| **SUB TEST** | **.00** | **8:45am** |
| AIR BLK | .00 | 8:46am |
| **SUB TEST** | **.00** | **8:47am** |
| AIR BLK | .00 | 8:48am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Linda A. Keesler
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY SEYMOUR JOHNSON AFB 950*

Serial Number: *008786* Test Record Number: *100*
Test Date: *04/07/2011* Test Time: *8:37am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:38am |
| FLO | Pass | 8:38am |
| FC | Pass | 8:38am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:38am |
| SRC | Pass | 8:38am |
| DET | Pass | 8:38am |
| BAR | Pass | 8:38am |
| BT | Pass | 8:38am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:39am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:39am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:39am |
| CAL | Pass | 8:39am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Wayne Co. Detoxification Center

Instrument Serial No. 004851 207 E. Chestnut St., Goldsboro, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 8th day of April, 20 11 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008851*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG925103
Exp Date: 09/08/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:48pm |
| AIR BLK | .00 | 3:49pm |
| ACCY CHK | .08 | 3:49pm |
| AIR BLK | .00 | 3:50pm |
| **SUB TEST** | **.00** | **3:51pm** |
| AIR BLK | .00 | 3:52pm |
| **SUB TEST** | **.00** | **3:53pm** |
| AIR BLK | .00 | 3:54pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008851* Test Record Number: *332*
Test Date: *04/08/2011* Test Time: *3:45pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:45pm |
| FLO | Pass | 3:45pm |
| FC | Pass | 3:46pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:46pm |
| SRC | Pass | 3:46pm |
| DET | Pass | 3:46pm |
| BAR | Pass | 3:46pm |
| BT | Pass | 3:46pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:46pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:46pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Wayne Instrument Location Wayne Co. Detention Center

Instrument Serial No. 008847 207 E. Chestnut St., Goldsboro, N.C.

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 6th day of April, 20 11 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008847*
Test Date: *04/06/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:12am |
| AIR BLK | .00 | 11:13am |
| ACCY CHK | .08 | 11:14am |
| AIR BLK | .00 | 11:14am |
| **SUB TEST** | **.00** | **11:15am** |
| AIR BLK | .00 | 11:16am |
| **SUB TEST** | **.00** | **11:17am** |
| AIR BLK | .00 | 11:18am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY WAYNE CO DETENTION 950*

Serial Number: *008847* Test Record Number: *171*
Test Date: *04/06/2011* Test Time: *11:20am EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:20am |
| FLO | Pass | 11:20am |
| FC | Pass | 11:20am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:20am |
| SRC | Pass | 11:20am |
| DET | Pass | 11:20am |
| BAR | Pass | 11:20am |
| BT | Pass | 11:20am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:21am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:21am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:21am |
| CAL | Pass | 11:21am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008639 130 Queen St., Kinston, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14th day of April, 2011 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.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*LENOIR COUNTY LENOIR CO SO 530*

Serial Number: *008639*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG003403
Exp Date: 02/03/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:03pm |
| AIR BLK | .00 | 2:04pm |
| ACCY CHK | .08 | 2:05pm |
| AIR BLK | .00 | 2:06pm |
| **SUB TEST** | **.00** | **2:07pm** |
| AIR BLK | .00 | 2:07pm |
| **SUB TEST** | **.00** | **2:09pm** |
| AIR BLK | .00 | 2:10pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Linda A. Keesler
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*LENOIR COUNTY LENOIR CO SO 530*

Serial Number: *008639* Test Record Number: *1345*
Test Date: *04/14/2011* Test Time: *2:11pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:11pm |
| FLO | Pass | 2:11pm |
| FC | Pass | 2:11pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:12pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:12pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:12pm |
| CAL | Pass | 2:12pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008910 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14 day of APRIL, 2011 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.

Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 3*
*590*

Serial Number: *008910*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:18pm |
| AIR BLK | .00 | 11:19pm |
| ACCY CHK | .07 | 11:20pm |
| AIR BLK | .00 | 11:20pm |
| **SUB TEST** | **.00** | **11:21pm** |
| AIR BLK | .00 | 11:22pm |
| **SUB TEST** | **.00** | **11:23pm** |
| AIR BLK | .00 | 11:24pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 3 590*

Serial Number: *008910* Test Record Number: *179*
Test Date: *04/14/2011* Test Time: *11:25pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:25pm |
| FLO | Pass | 11:25pm |
| FC | Pass | 11:25pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:25pm |
| SRC | Pass | 11:25pm |
| DET | Pass | 11:25pm |
| BAR | Pass | 11:25pm |
| BT | Pass | 11:25pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:26pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:26pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:26pm |
| CAL | Pass | 11:26pm |

Preventive Maintenance
Status: Pass

Alan Ray Bennett
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14 day of APRIL, 20 11 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.

Allen Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 3*
*590*

Serial Number: *008616*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023601
Exp Date: 08/24/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:33pm |
| AIR BLK | .00 | 11:34pm |
| ACCY CHK | .08 | 11:34pm |
| AIR BLK | .00 | 11:35pm |
| **SUB TEST** | **.00** | **11:36pm** |
| AIR BLK | .00 | 11:37pm |
| **SUB TEST** | **.00** | **11:38pm** |
| AIR BLK | .00 | 11:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 3 590*

Serial Number: *008616* Test Record Number: *1003*
Test Date: *04/14/2011* Test Time: *11:45pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:46pm |
| FLO | Pass | 11:46pm |
| FC | Pass | 11:46pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:46pm |
| SRC | Pass | 11:46pm |
| DET | Pass | 11:46pm |
| BAR | Pass | 11:46pm |
| BT | Pass | 11:46pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:47pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:47pm |
| CAL | Pass | 11:47pm |

Preventive Maintenance
Status: Pass

Alan Ray Bass
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CHARLOTTE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 14 day of APRIL, 2011 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.

Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 3*
*590*

Serial Number: *008647*
Test Date: *04/14/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:16pm |
| AIR BLK | .00 | 11:17pm |
| ACCY CHK | .08 | 11:17pm |
| AIR BLK | .00 | 11:18pm |
| **SUB TEST** | **.00** | **11:18pm** |
| AIR BLK | .00 | 11:19pm |
| **SUB TEST** | **.00** | **11:21pm** |
| AIR BLK | .00 | 11:22pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 3 590*

Serial Number: *008647* Test Record Number: *1052*
Test Date: *04/14/2011* Test Time: *11:22pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:24pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:24pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:24pm |
| CAL | Pass | 11:24pm |

Preventive Maintenance
Status: Pass

Alan Ray Barnes
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HARNETT Instrument Location HARNETT Co. DETENTION

Instrument Serial No. 008729 CENTER, LILLINGTON NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 17 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008729*
Test Date: *04/17/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:48pm |
| AIR BLK | .00 | 8:49pm |
| ACCY CHK | .08 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| **SUB TEST** | **.00** | **8:51pm** |
| AIR BLK | .00 | 8:52pm |
| **SUB TEST** | **.00** | **8:54pm** |
| AIR BLK | .00 | 8:55pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008729* Test Record Number: *1206*
Test Date: *04/17/2011* Test Time: *9:07pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:07pm |
| FLO | Pass | 9:07pm |
| FC | Pass | 9:07pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:08pm |
| SRC | Pass | 9:08pm |
| DET | Pass | 9:08pm |
| BAR | Pass | 9:08pm |
| BT | Pass | 9:08pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:08pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:08pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:08pm |
| CAL | Pass | 9:08pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County HARNETT Instrument Location HARNETT Co. DETENTION

Instrument Serial No. 008730 CENTER, LILLINGTON, NC

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 17 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008730*
Test Date: *04/17/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG920303
Exp Date: 07/22/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:46pm |
| AIR BLK | .00 | 8:47pm |
| ACCY CHK | .08 | 8:47pm |
| AIR BLK | .00 | 8:48pm |
| **SUB TEST** | **.00** | **8:49pm** |
| AIR BLK | .00 | 8:50pm |
| **SUB TEST** | **.00** | **8:52pm** |
| AIR BLK | .00 | 8:53pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*HARNETT COUNTY DETENTION CENTER 420*

Serial Number: *008730* Test Record Number: *873*
Test Date: *04/17/2011* Test Time: *8:57pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:57pm |
| SRC | Pass | 8:57pm |
| DET | Pass | 8:57pm |
| BAR | Pass | 8:57pm |
| BT | Pass | 8:57pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:58pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:58pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:58pm |
| CAL | Pass | 8:58pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rowan Instrument Location Salisbury Police

Instrument Serial No. 008835 Department

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2011 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.

T. Kevin Deon
Signature of Certifying Official

642
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROWAN COUNTY SALISBURY PD 790*

Serial Number: *008835*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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, L K*
Permit Number: *11598E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

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

**Reported AC: .00 g/210L**

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ROWAN COUNTY SALISBURY PD 790*

Serial Number: *008835* Test Record Number: *696*
Test Date: *04/13/2011* Test Time: *12:12pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:13pm |
| FLO | Pass | 12:13pm |
| FC | Pass | 12:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:13pm |
| SRC | Pass | 12:13pm |
| DET | Pass | 12:13pm |
| BAR | Pass | 12:13pm |
| BT | Pass | 12:13pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:14pm |
| CAL | Pass | 12:14pm |

Preventive Maintenance
Status: Pass

R. Kevin Dew
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Rowan Instrument Location Salisbury Police Department

Instrument Serial No. 008868

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of April, 2011 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.

Signature of Certifying Official

642
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROWAN COUNTY SALISBURY PD 790*

Serial Number: *008868*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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, L K*
Permit Number: *11598E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:36am |
| AIR BLK | .00 | 11:37am |
| ACCY CHK | .08 | 11:37am |
| AIR BLK | .00 | 11:38am |
| **SUB TEST** | **.00** | **11:39am** |
| AIR BLK | .00 | 11:40am |
| **SUB TEST** | **.00** | **11:41am** |
| AIR BLK | .00 | 11:42am |

**Reported AC: .00 g/210L**

L. Kevin Dean
Signature of Chemical Analyst

Court CVR

L. Kevin Dean
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ROWAN COUNTY SALISBURY PD 790*

Serial Number: *008868* Test Record Number: *1341*
Test Date: *04/13/2011* Test Time: *11:43am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:44am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:44am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:44am |
| CAL | Pass | 11:44am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CHATHAM Instrument Location SILER CITY P.D.

Instrument Serial No. 008811 SILER CITY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 12 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CHATHAM COUNTY SILER CITY PD. 180*

Serial Number: *008811*
Test Date: *04/12/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG925201
Exp Date: 09/09/2011

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

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CHATHAM COUNTY SILER CITY PD. 180*

Serial Number: *008811* Test Record Number: *746*
Test Date: *04/12/2011* Test Time: *2:31pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:32pm |
| FLO | Pass | 2:32pm |
| FC | Pass | 2:32pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:32pm |
| SRC | Pass | 2:32pm |
| DET | Pass | 2:32pm |
| BAR | Pass | 2:32pm |
| BT | Pass | 2:32pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:33pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:33pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:33pm |
| CAL | Pass | 2:33pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County CHATHAM Instrument Location PITTSBORO POLICE DEPT.

Instrument Serial No. 008591 PITTSBORO NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 12 day of APRIL, 2011 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CHATHAM PITTSBORO PD 180*

Serial Number: *008591*
Test Date: *04/12/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011701
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:01pm |
| AIR BLK | .00 | 4:02pm |
| ACCY CHK | .08 | 4:03pm |
| AIR BLK | .00 | 4:03pm |
| **SUB TEST** | **.00** | **4:04pm** |
| AIR BLK | .00 | 4:05pm |
| **SUB TEST** | **.00** | **4:06pm** |
| AIR BLK | .00 | 4:07pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CHATHAM PITTSBORO PD 180*

Serial Number: *008591* Test Record Number: *815*
Test Date: *04/12/2011* Test Time: *4:09pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MONTGOMERY Instrument Location MONTGOMERY Co. JAIL

Instrument Serial No. 008709 TROY NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of APRIL, 2011 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MONTGOMERY COUNTY MONTGOMERY CO. JAIL*
*610*

Serial Number: *008709*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG106703
Exp Date: 03/08/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| ACCY CHK | .08 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| **SUB TEST** | **.00** | **1:23pm** |
| AIR BLK | .00 | 1:24pm |
| **SUB TEST** | **.00** | **1:26pm** |
| AIR BLK | .00 | 1:27pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610*

Serial Number: *008709* Test Record Number: *429*
Test Date: *04/13/2011* 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 | 1:28pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:28pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:29pm |
| CAL | Pass | 1:29pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

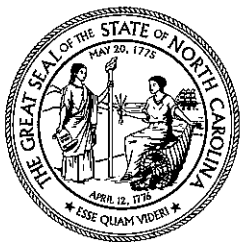
County RICHMOND Instrument Location RICHMOND Co. MAGISTRATES

Instrument Serial No. 008840 OFFICE, ROCKINGHAM, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of APRIL, 20 11 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.




Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RICHMOND COUNTY RICHMOND CO. MAG OFF 760*

Serial Number: *008840*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENANCE*
Subject'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: *10/01/2009-10/01/2011*

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

Lot Number: AG002802
Exp Date: 01/28/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:14pm |
| AIR BLK | .00 | 3:15pm |
| ACCY CHK | .08 | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| **SUB TEST** | **.00** | **3:18pm** |
| 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

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*RICHMOND COUNTY RICHMOND CO. MAG OFF 760*

Serial Number: *008840* Test Record Number: *536*
Test Date: *04/13/2011* Test Time: *3:22pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:23pm |
| FLO | Pass | 3:23pm |
| FC | Pass | 3:23pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:23pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:23pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:24pm |
| CAL | Pass | 3:24pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County RICHMOND Instrument Location RICHMOND CO. MAGISTRATES

Instrument Serial No. 008701 OFFICE, ROCKINGHAM NC

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13 day of APRIL, 20 11 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.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RICHMOND COUNTY RICHMOND CO. MAG OFF 760*

Serial Number: *008701*
Test Date: *04/13/2011*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENANCE*
Subject'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: *10/01/2009-10/01/2011*

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

Lot Number: AG925102
Exp Date: 09/08/2011

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| ACCY CHK | .08 | 3:10pm |
| AIR BLK | .00 | 3:11pm |
| **SUB TEST** | **.00** | **3:11pm** |
| AIR BLK | .00 | 3:12pm |
| **SUB TEST** | **.00** | **3:14pm** |
| AIR BLK | .00 | 3:15pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*RICHMOND COUNTY RICHMOND CO. MAG OFF 760*

Serial Number: *008701* Test Record Number: *936*
Test Date: *04/13/2011* Test Time: *3:17pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:17pm |
| FLO | Pass | 3:17pm |
| FC | Pass | 3:17pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:17pm |
| SRC | Pass | 3:17pm |
| DET | Pass | 3:17pm |
| BAR | Pass | 3:17pm |
| BT | Pass | 3:17pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:18pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:18pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:18pm |
| CAL | Pass | 3:18pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance - Elon Instrument Location Bat Mobile Unit 2

Instrument Serial No. D08734

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

Donya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALAMANCE COUNTY BAT MOBILE UNIT 2 000*

Serial Number: *008736*
Test Date: *04/01/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG023701
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:37pm |
| AIR BLK | .00 | 7:38pm |
| ACCY CHK | .08 | 7:39pm |
| AIR BLK | .00 | 7:40pm |
| **SUB TEST** | **.00** | **7:40pm** |
| AIR BLK | .00 | 7:41pm |
| **SUB TEST** | **.00** | **7:43pm** |
| AIR BLK | .00 | 7:44pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

**Intox EC/IR-II: Preventive Maintenance**

*ALAMANCE COUNTY BAT MOBILE UNIT 2 000*

Serial Number: *008736* Test Record Number: *277*
Test Date: *04/01/2011* Test Time: *7:46pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:47pm |
| FLO | Pass | 7:47pm |
| FC | Pass | 7:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:47pm |
| SRC | Pass | 7:47pm |
| DET | Pass | 7:47pm |
| BAR | Pass | 7:47pm |
| BT | Pass | 7:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:48pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:48pm |
| CAL | Pass | 7:48pm |

Preventive Maintenance
Status: Pass

Donna B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance - Elon Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008601

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

Sonya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALAMANCE COUNTY BAT MOBILE UNIT 2 000*

Serial Number: *008601*
Test Date: *04/01/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*00/00/0000-00/00/0000*

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

Lot Number:
Exp Date: 08/25/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:33pm |
| AIR BLK | .00 | 7:34pm |
| ACCY CHK | .07 | 7:34pm |
| AIR BLK | .00 | 7:35pm |
| **SUB TEST** | **.00** | **7:36pm** |
| AIR BLK | .00 | 7:37pm |
| **SUB TEST** | **.00** | **7:38pm** |
| AIR BLK | .00 | 7:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ALAMANCE COUNTY BAT MOBILE UNIT 2 000*

Serial Number: *008601* Test Record Number: *553*
Test Date: *04/01/2011* 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 | 7:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:43pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:43pm |
| CAL | Pass | 7:43pm |

Preventive Maintenance
Status: Pass

Tonya B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance - Elon Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008929

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

Tonya B Skinner
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALAMANCE COUNTY BATMOBILE UNIT 2 000*

Serial Number: *008929*
Test Date: *04/01/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
*10/01/2009-10/01/2011*

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

Lot Number: AG102602
Exp Date: 01/26/2013

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:56pm |
| AIR BLK | .00 | 7:57pm |
| ACCY CHK | .08 | 7:58pm |
| AIR BLK | .00 | 7:58pm |
| **SUB TEST** | **.00** | **7:59pm** |
| AIR BLK | .00 | 8:00pm |
| **SUB TEST** | **.00** | **8:02pm** |
| AIR BLK | .00 | 8:03pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ALAMANCE COUNTY BATMOBILE UNIT 2 000*

Serial Number: *008929* Test Record Number: *282*
Test Date: *04/01/2011* Test Time: *8:04pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:04pm |
| FLO | Pass | 8:04pm |
| FC | Pass | 8:05pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:05pm |
| SRC | Pass | 8:05pm |
| DET | Pass | 8:05pm |
| BAR | Pass | 8:05pm |
| BT | Pass | 8:05pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:06pm |
| CAL | Pass | 8:06pm |

Preventive Maintenance
Status: Pass

Donna B Skinner
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Watauga Instrument Location Boone PD

Instrument Serial No. 008716 Boone, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of April, 2011 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.

Signature of Certifying Official

649
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WATAUGA COUNTY BOONE P D 940*

Serial Number: *008716*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG023602
Exp Date: 08/24/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| ACCY CHK | .08 | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| **SUB TEST** | **.00** | **1:22pm** |
| AIR BLK | .00 | 1:23pm |
| **SUB TEST** | **.00** | **1:24pm** |
| AIR BLK | .00 | 1:25pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
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# Intox EC/IR-II: Preventive Maintenance

*WATAUGA COUNTY BOONE P D 940*

Serial Number: *008716* Test Record Number: *1026*
Test Date: *04/08/2011* Test Time: *1:26pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:26pm |
| FLO | Pass | 1:26pm |
| FC | Pass | 1:26pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:26pm |
| SRC | Pass | 1:26pm |
| DET | Pass | 1:26pm |
| BAR | Pass | 1:26pm |
| BT | Pass | 1:26pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:27pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:27pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:27pm |
| CAL | Pass | 1:27pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MONTGOMERY Instrument Location BATMOBILE UNIT 3

Instrument Serial No. 008647 CANDOR, NC

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 day of APRIL, 2011 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.

Alan Ray Burns
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MONTGOMERY COUNTY BAT MOBILE UNIT 3*
*610*

Serial Number: *008647*
Test Date: *04/08/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:14pm |
| AIR BLK | .00 | 9:15pm |
| ACCY CHK | .08 | 9:15pm |
| AIR BLK | .00 | 9:16pm |
| **SUB TEST** | **.00** | **9:17pm** |
| 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

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MONTGOMERY COUNTY BAT MOBILE UNIT 3 610*

Serial Number: *008647* Test Record Number: *1049*
Test Date: *04/08/2011* Test Time: *9:20pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:20pm |
| FLO | Pass | 9:20pm |
| FC | Pass | 9:21pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:21pm |
| SRC | Pass | 9:21pm |
| DET | Pass | 9:21pm |
| BAR | Pass | 9:21pm |
| BT | Pass | 9:21pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:21pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:21pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:22pm |
| CAL | Pass | 9:22pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County MONTGOMERY Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008910 TROY, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 03 day of APRIL, 2011 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.

Alan Ray Burns
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MONTGOMERY COUNTY BAT MOBILE UNIT 3*
*610*

Serial Number: *008910*
Test Date: *04/03/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:41pm |
| AIR BLK | .00 | 2:42pm |
| ACCY CHK | .07 | 2:43pm |
| AIR BLK | .00 | 2:43pm |
| **SUB TEST** | **.00** | **2:44pm** |
| AIR BLK | .00 | 2:45pm |
| **SUB TEST** | **.00** | **2:46pm** |
| AIR BLK | .00 | 2:47pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MONTGOMERY COUNTY BAT MOBILE UNIT 3 610*

Serial Number: *008910* Test Record Number: *173*
Test Date: *04/03/2011* Test Time: *2:48pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:49pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:49pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:49pm |
| CAL | Pass | 2:49pm |

Preventive Maintenance
Status: Pass

Alan Ray Bennett
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County DAVIE Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 MOCKSVILLE, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before 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 01 day of APRIL, 20 11 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.

Alan Ray Bens
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*DAVIE COUNTY BAT MOBILE UNIT 3 290*

Serial Number: *008647*
Test Date: *04/01/2011*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject'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:
*10/01/2009-10/01/2011*

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

Lot Number: AG011703
Exp Date: 04/27/2012

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:19pm |
| AIR BLK | .00 | 11:20pm |
| ACCY CHK | .08 | 11:21pm |
| AIR BLK | .00 | 11:21pm |
| **SUB TEST** | **.00** | **11:22pm** |
| AIR BLK | .00 | 11:23pm |
| **SUB TEST** | **.00** | **11:24pm** |
| AIR BLK | .00 | 11:25pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*DAVIE COUNTY BAT MOBILE UNIT 3 290*

Serial Number: *008647* Test Record Number: *1044*
Test Date: *04/01/2011* Test Time: *11:27pm EDT*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:27pm |
| FLO | Pass | 11:27pm |
| FC | Pass | 11:28pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:28pm |
| SRC | Pass | 11:28pm |
| DET | Pass | 11:28pm |
| BAR | Pass | 11:28pm |
| BT | Pass | 11:28pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:28pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:28pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:29pm |
| CAL | Pass | 11:29pm |

Preventive Maintenance
Status: Pass

Allen Ray Barnes
**Analyst**

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