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 27 day of February, 2012 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

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

WATAUGA COUNTY BOONE P D 940

Serial Number: *008716*
Test Date: *02/27/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

Lot Number: AG124201
Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	1:57pm
AIR BLK	.00	1:58pm
ACCY CHK	.08	1:59pm
AIR BLK	.00	1:59pm
SUB TEST	**.00**	**2:00pm**
AIR BLK	.00	2:01pm
SUB TEST	**.00**	**2:02pm**
AIR BLK	.00	2:03pm

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
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Intox EC/IR-II: Preventive Maintenance

WATAUGA COUNTY BOONE P D 940

Serial Number: *008716* Test Record Number: *1206*
Test Date: *02/27/2012* Test Time: *2:04pm EST*

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	2:05pm
SRC	Pass	2:05pm
DET	Pass	2:05pm
BAR	Pass	2:05pm
BT	Pass	2:05pm

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
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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 Avery Instrument Location Avery Co. Jail

Instrument Serial No. 00 8664 Newland

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 20 day of February, 2012 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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: *008664*
Test Date: *02/20/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

Lot Number: AG200401
Exp Date: 01/04/2014

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

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: *008664* Test Record Number: *470*
Test Date: *02/20/2012* Test Time: *11:11am EST*

System Check: *Passed*

Baseline Tests

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

Printer Tests

Test	Status	Time
PRNT	Pass	11:12am

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
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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 Guilford Instrument Location High Point Jail

Instrument Serial No. 008828

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 February, 2012 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: L. Kevin Doan

Certificate Number: 642

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

Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: *008828*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:30pm
SUB TEST	**.00**	**1:30pm**
AIR BLK	.00	1:31pm
SUB TEST	**.00**	**1:32pm**
AIR BLK	.00	1:33pm

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
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Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: *008828* Test Record Number: *812*
Test Date: *02/07/2012* Test Time: *1:34pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm

CRC Tests

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Edgecombe Instrument Location Edgecombe Co. Magistrates Office

Instrument Serial No. 008403 300 S. Anaconda Rd., Tarboro, 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 29th day of February, 20 12 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008663*
Test Date: *02/29/2012*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENANCE*
Subject'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: *09/01/2011-09/01/2013*

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	1:49pm
AIR BLK	.00	1:50pm
ACCY CHK	.07	1:50pm
AIR BLK	.00	1:51pm
SUB TEST	**.00**	**1:52pm**
AIR BLK	.00	1:53pm
SUB TEST	**.00**	**1:54pm**
AIR BLK	.00	1:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008663* Test Record Number: *1683*
Test Date: *02/29/2012* Test Time: *2:00pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm

CRC Tests

Test	Status	Time
COMP	Pass	2:01pm
CAL	Pass	2:01pm

Preventive Maintenance
Status: Pass

Linda N. Kiser
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Edgecombe Instrument Location Edgecombe Co. Magistrate's Office

Instrument Serial No. 008603 300 S. Anaconda Rd., Tarboro, 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 29th day of February, 20 12 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: *008603*
Test Date: *02/29/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.07	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	**.00**	**1:54pm**
AIR BLK	.00	1:54pm
SUB TEST	**.00**	**1:56pm**
AIR BLK	.00	1:57pm

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008603* Test Record Number: *1141*
Test Date: *02/29/2012* Test Time: *2:01pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:01pm
FLO	Pass	2:01pm
FC	Pass	2:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

Blank Tests

Test	Status	Time
AIR	Pass	2:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:02pm

CRC Tests

Test	Status	Time
COMP	Pass	2:02pm
CAL	Pass	2:02pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Northampton Instrument Location Murfreesboro Police Dept.

Instrument Serial No. 008904 115 E. Broad St., Murfreesboro, 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 29th day of February, 2012 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

617
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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: *008906*
Test Date: *02/29/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	12:11pm
AIR BLK	.00	12:12pm
ACCY CHK	.07	12:13pm
AIR BLK	.00	12:14pm
SUB TEST	**.00**	**12:14pm**
AIR BLK	.00	12:15pm
SUB TEST	**.00**	**12:17pm**
AIR BLK	.00	12:18pm

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: *008906* Test Record Number: *361*
Test Date: *02/29/2012* Test Time: *12:19pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

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
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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 Pasquotank Instrument Location Pasquotank Co. public Safety

Instrument Serial No. DD 8950 Bldg. 200 E. Colonial Ave., Elizabeth 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 28th day of February, 2012 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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: *008950*
Test Date: *02/28/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	12:42pm
AIR BLK	.00	12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	**.00**	**12:46pm**
AIR BLK	.00	12:47pm
SUB TEST	**.00**	**12:48pm**
AIR BLK	.00	12:49pm

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
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Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: *008950* Test Record Number: *663*
Test Date: *02/28/2012* Test Time: *12:52pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:53pm

CRC Tests

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

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 Pasquotank Instrument Location Pasquotank Co. public Safety Bldg.

Instrument Serial No. 008941 200 E. Colonial Ave., Elizabeth 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 28th day of February, 20 12 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.

Linda A. Keel
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.

Intox EC/IR-II: Subject Test

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: *008941*
Test Date: *02/28/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	12:44pm
AIR BLK	.00	12:45pm
ACCY CHK	.08	12:45pm
AIR BLK	.00	12:46pm
SUB TEST	**.00**	**12:47pm**
AIR BLK	.00	12:48pm
SUB TEST	**.00**	**12:49pm**
AIR BLK	.00	12:50pm

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
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Intox EC/IR-II: Preventive Maintenance

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: *008941* Test Record Number: *706*
Test Date: *02/28/2012* Test Time: *12:52pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:54pm

CRC Tests

Test	Status	Time
COMP	Pass	12:54pm
CAL	Pass	12:54pm

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 Guilford Instrument Location High Point Jail

Instrument Serial No. 008655

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 February, 2012 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 HIGH POINT JAIL 401

Serial Number: *008655*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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	1:52pm
AIR BLK	.00	1:52pm
ACCY CHK	.07	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	**.00**	**1:54pm**
AIR BLK	.00	1:55pm
SUB TEST	**.00**	**1:57pm**
AIR BLK	.00	1:58pm

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: *008655* Test Record Number: *1546*
Test Date: *02/07/2012* Test Time: *1:58pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

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 Randolph Instrument Location Archdale Police Department

Instrument Serial No. 008896

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 February, 2012 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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: *008896*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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	12:49pm
AIR BLK	.00	12:50pm
ACCY CHK	.07	12:50pm
AIR BLK	.00	12:51pm
SUB TEST	**.00**	**12:52pm**
AIR BLK	.00	12:53pm
SUB TEST	**.00**	**12:54pm**
AIR BLK	.00	12:55pm

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
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: *008896* Test Record Number: *262*
Test Date: *02/09/2012* Test Time: *12:56pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:56pm
FLO	Pass	12:56pm
FC	Pass	12:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:57pm
SRC	Pass	12:57pm
DET	Pass	12:57pm
BAR	Pass	12:57pm
BT	Pass	12:57pm

Blank Tests

Test	Status	Time
AIR	Pass	12:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:57pm

CRC Tests

Test	Status	Time
COMP	Pass	12:58pm
CAL	Pass	12:58pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Rutherford Instrument Location Forest City PD

Instrument Serial No. 008889 187 S. Church Street, Forest City
828-245-5555

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 28th day of February, 2012 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

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: *008889*
Test Date: *02/28/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	**.00**	**2:27pm**
AIR BLK	.00	2:28pm
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
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Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: *008889* Test Record Number: *391*
Test Date: *02/28/2012* Test Time: *2:21pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:22pm
FLO	Pass	2:22pm
FC	Pass	2:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:22pm
SRC	Pass	2:22pm
DET	Pass	2:22pm
BAR	Pass	2:22pm
BT	Pass	2:22pm

Blank Tests

Test	Status	Time
AIR	Pass	2:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:23pm

CRC Tests

Test	Status	Time
COMP	Pass	2:23pm
CAL	Pass	2:23pm

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 Gaston Instrument Location Gaston County SO

Instrument Serial No. 008881 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 23rd day of February, 2012 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 GASTON COUNTY SD 350

Serial Number: *008881*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG108203
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	1:20pm
AIR BLK	.00	1:20pm
ACCY CHK	.07	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	**.00**	**1:22pm**
AIR BLK	.00	1:23pm
SUB TEST	**.00**	**1:25pm**
AIR BLK	.00	1:26pm

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
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Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: *008881* Test Record Number: *500*
Test Date: *02/23/2012* Test Time: *1:15pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm

CRC Tests

Test	Status	Time
COMP	Pass	1:17pm
CAL	Pass	1:17pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Gaston Instrument Location Gaston County SO

Instrument Serial No. 008643 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 18th day of February, 2012 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

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: Preventive Maintenance

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: *008643* Test Record Number: *1377*
Test Date: *02/18/2012* Test Time: *4:54pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:56pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: *008643*
Test Date: *02/18/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	4:59pm
AIR BLK	.00	5:00pm
ACCY CHK	.08	5:00pm
AIR BLK	.00	5:01pm
SUB TEST	**.00**	**5:02pm**
AIR BLK	.00	5:03pm
SUB TEST	**.00**	**5:05pm**
AIR BLK	.00	5:06pm

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
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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 Iredell Instrument Location Iredell County SO

Instrument Serial No. 008809 221 E. Water Street, Statesville

704-878-3131

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 17th day of February, 2012 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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: *008809*
Test Date: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG106701
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	6:32pm
AIR BLK	.00	6:33pm
ACCY CHK	.07	6:33pm
AIR BLK	.00	6:34pm
SUB TEST	**.00**	**6:35pm**
AIR BLK	.00	6:36pm
SUB TEST	**.00**	**6:37pm**
AIR BLK	.00	6:39pm

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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: *008809* Test Record Number: *1859*
Test Date: *02/17/2012* Test Time: *6:39pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:40pm
FLO	Pass	6:40pm
FC	Pass	6:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:40pm
SRC	Pass	6:40pm
DET	Pass	6:40pm
BAR	Pass	6:40pm
BT	Pass	6:40pm

Blank Tests

Test	Status	Time
AIR	Pass	6:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:41pm

CRC Tests

Test	Status	Time
COMP	Pass	6:41pm
CAL	Pass	6:41pm

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Iredell Instrument Location Mooresville PD

Instrument Serial No. 008685 750 W. Iredell Avenue, Mooresville
704-664-3311

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 17th day of February, 2012 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

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: *008685*
Test Date: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG201801
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	5:38pm
AIR BLK	.00	5:39pm
ACCY CHK	.08	5:40pm
AIR BLK	.00	5:41pm
SUB TEST	**.00**	**5:41pm**
AIR BLK	.00	5:42pm
SUB TEST	**.00**	**5:44pm**
AIR BLK	.00	5:45pm

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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: *008685* Test Record Number: *1528*
Test Date: *02/17/2012* Test Time: *5:46pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:46pm
FLO	Pass	5:46pm
FC	Pass	5:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:46pm
SRC	Pass	5:46pm
DET	Pass	5:46pm
BAR	Pass	5:46pm
BT	Pass	5:46pm

Blank Tests

Test	Status	Time
AIR	Pass	5:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:47pm

CRC Tests

Test	Status	Time
COMP	Pass	5:47pm
CAL	Pass	5:47pm

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
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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 Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008827 #1 Courthouse Square, Lincolnton
704-732-9020

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 17th day of February, 2012 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

6570
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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: *008827*
Test Date: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG109703
Exp Date: 04/07/2013

Test	g/210L	Time
DIAG	Pass	3:43pm
AIR BLK	.00	3:44pm
ACCY CHK	.07	3:45pm
AIR BLK	.00	3:46pm
SUB TEST	**.00**	**3:47pm**
AIR BLK	.00	3:48pm
SUB TEST	**.00**	**3:49pm**
AIR BLK	.00	3:51pm

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
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Intox EC/IR-II: Preventive Maintenance

LINCOLN COUNTY COURTHOUSE 540

Serial Number: *008827* Test Record Number: *1199*
Test Date: *02/17/2012* Test Time: *3:52pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:52pm
FLO	Pass	3:52pm
FC	Pass	3:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:52pm
SRC	Pass	3:52pm
DET	Pass	3:52pm
BAR	Pass	3:52pm
BT	Pass	3:52pm

Blank Tests

Test	Status	Time
AIR	Pass	3:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:53pm

CRC Tests

Test	Status	Time
COMP	Pass	3:53pm
CAL	Pass	3:53pm

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 Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008823 #1 Courthouse Square, Lincolnton
704-732-9020

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 17th day of February, 2012 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

65P
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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: *008823*
Test Date: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	3:42pm
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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: *008823* Test Record Number: *829*
Test Date: *02/17/2012* Test Time: *3:49pm EST*

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
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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 Iredell Instrument Location Statesville PD

Instrument Serial No. 008619 330 S. Tradd Street, Statesville

704-878-3406

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 9th day of February, 2012 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

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: *008619*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	7:28pm
AIR BLK	.00	7:29pm
ACCY CHK	.08	7:30pm
AIR BLK	.00	7:31pm
SUB TEST	**.00**	**7:31pm**
AIR BLK	.00	7:32pm
SUB TEST	**.00**	**7:34pm**
AIR BLK	.00	7:35pm

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

IREDELL COUNTY STATESVILLE PD 480

Serial Number: *008619* Test Record Number: *729*
Test Date: *02/09/2012* Test Time: *7:36pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:37pm
FLO	Pass	7:37pm
FC	Pass	7:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:37pm
SRC	Pass	7:37pm
DET	Pass	7:37pm
BAR	Pass	7:37pm
BT	Pass	7:37pm

Blank Tests

Test	Status	Time
AIR	Pass	7:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:38pm

CRC Tests

Test	Status	Time
COMP	Pass	7:38pm
CAL	Pass	7:38pm

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 Mecklenburg Instrument Location Cornelius PD

Instrument Serial No. 008692 21440 Catawba Avenue, Cornelius
704-892-1363

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 9th day of February, 2012 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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: *008692*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG201801
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	6:23pm
AIR BLK	.00	6:24pm
ACCY CHK	.08	6:25pm
AIR BLK	.00	6:26pm
SUB TEST	**.00**	**6:27pm**
AIR BLK	.00	6:28pm
SUB TEST	**.00**	**6:30pm**
AIR BLK	.00	6:31pm

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: *008692* Test Record Number: *1513*
Test Date: *02/09/2012* Test Time: *6:32pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	6:32pm
FLO	Pass	6:32pm
FC	Pass	6:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:32pm
SRC	Pass	6:32pm
DET	Pass	6:32pm
BAR	Pass	6:32pm
BT	Pass	6:32pm

Blank Tests

Test	Status	Time
AIR	Pass	6:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:33pm

CRC Tests

Test	Status	Time
COMP	Pass	6:33pm
CAL	Pass	6:33pm

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
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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 Union Instrument Location Union County SO

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 9th day of February, 2012 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

UNION COUNTY UNION COUNTY SD 890

Serial Number: *008876*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG201801
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	3:12pm
AIR BLK	.00	3:12pm
ACCY CHK	.08	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	**.00**	**3:15pm**
AIR BLK	.00	3:16pm
SUB TEST	**.00**	**3:17pm**
AIR BLK	.00	3:18pm

Reported AC: .00 g/210L

Joseph E Hutch
Signature of Chemical Analyst

Court CVR

Joseph E Hutch
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

UNION COUNTY UNION COUNTY SD 890

Serial Number: *008876* Test Record Number: *2283*
Test Date: *02/09/2012* Test Time: *3:19pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:20pm
FLO	Pass	3:20pm
FC	Pass	3:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:20pm
SRC	Pass	3:20pm
DET	Pass	3:20pm
BAR	Pass	3:20pm
BT	Pass	3:20pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:21pm

CRC Tests

Test	Status	Time
COMP	Pass	3:21pm
CAL	Pass	3:21pm

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
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Catawba Instrument Location Hickory PD

Instrument Serial No. 008841 347 2nd Ave SW, Hickory
828-324-2060

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 5th day of February, 20 12 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

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: *008841*
Test Date: *02/05/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.07	2:41pm
AIR BLK	.00	2:42pm
SUB TEST	**.00**	**2:43pm**
AIR BLK	.00	2:44pm
SUB TEST	**.00**	**2:45pm**
AIR BLK	.00	2:46pm

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

Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY HICKORY PD 170

Serial Number: *008841* Test Record Number: *1006*
Test Date: *02/05/2012* Test Time: *2:36pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm

CRC Tests

Test	Status	Time
COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance
Status: Pass

Analyst

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 Catawba Instrument Location Catawba County SO

Instrument Serial No. 008821 100 B Southwest Blvd, Newton
828-464-5241

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 4th day of February, 2012 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

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: *008821*
Test Date: *02/04/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	8:49pm
AIR BLK	.00	8:50pm
ACCY CHK	.07	8:50pm
AIR BLK	.00	8:51pm
SUB TEST	**.00**	**8:52pm**
AIR BLK	.00	8:53pm
SUB TEST	**.00**	**8:54pm**
AIR BLK	.00	8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: *008821* Test Record Number: *835*
Test Date: *02/04/2012* Test Time: *8:44pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:45pm
FLO	Pass	8:45pm
FC	Pass	8:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:45pm
SRC	Pass	8:45pm
DET	Pass	8:45pm
BAR	Pass	8:45pm
BT	Pass	8:45pm

Blank Tests

Test	Status	Time
AIR	Pass	8:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:46pm

CRC Tests

Test	Status	Time
COMP	Pass	8:46pm
CAL	Pass	8:46pm

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 Catawba Instrument Location Catawba County SO

Instrument Serial No. 008687 100 B Southwest Blvd, Newton
828-464-5241

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 4th day of February, 2012 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. Hulet
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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: *008687*
Test Date: *02/04/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	8:47pm
AIR BLK	.00	8:48pm
ACCY CHK	.07	8:48pm
AIR BLK	.00	8:50pm
SUB TEST	**.00**	**8:50pm**
AIR BLK	.00	8:51pm
SUB TEST	**.00**	**8:53pm**
AIR BLK	.00	8:54pm

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
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Intox EC/IR-II: Preventive Maintenance

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: *008687* Test Record Number: *1326*
Test Date: *02/04/2012* Test Time: *8:42pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:45pm

CRC Tests

Test	Status	Time
COMP	Pass	8:45pm
CAL	Pass	8:45pm

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 Co Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008871 Cary

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 24 day of February, 20 12 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

1682E
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 4 910

Serial Number: *008871*
Test Date: *02/24/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, GRAYHAM C*
Permit Number: *7682E*
Effective:
03/01/2010-03/01/2012

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	10:58pm
AIR BLK	.00	10:59pm
ACCY CHK	.07	10:59pm
AIR BLK	.00	11:00pm
SUB TEST	**.00**	**11:01pm**
AIR BLK	.00	11:02pm
SUB TEST	**.00**	**11:04pm**
AIR BLK	.00	11:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: *008871* Test Record Number: *440*
Test Date: *02/24/2012* Test Time: *11:07pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:08pm
FLO	Pass	11:08pm
FC	Pass	11:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

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	11:09pm
CAL	Pass	11:09pm

Preventive Maintenance
Status: Pass

_____
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Co Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008417 Cary

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 24 day of February, 20 12 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

76822E
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: *255*
Test Date: *02/24/2012* Test Time: *11:22pm EST*

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

_____
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: *02/24/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, GRAYHAM C*
Permit Number: *7682E*
Effective:
03/01/2010-03/01/2012

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

Lot Number: AG920302
Exp Date: 09/06/2013

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

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
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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 Co Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008434 Cary

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 24 day of February, 20 12 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

7682E
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 4 910

Serial Number: *008734*
Test Date: *02/24/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, GRAYHAM C*
Permit Number: *7682E*
Effective:
03/01/2010-03/01/2012

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

Lot Number: AG920302
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:59pm
AIR BLK	.00	11:00pm
ACCY CHK	.07	11:00pm
AIR BLK	.00	11:01pm
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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: *008734* Test Record Number: *478*
Test Date: *02/24/2012* Test Time: *11:08pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:08pm
FLO	Pass	11:08pm
FC	Pass	11:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:08pm
SRC	Pass	11:08pm
DET	Pass	11:08pm
BAR	Pass	11:08pm
BT	Pass	11:08pm

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	11:09pm
CAL	Pass	11:09pm

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 Pitt Instrument Location Pitt Co. Detention Ctr.

Instrument Serial No. 004648 124 Detention Dr., Greenville, 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 14th day of February, 2012 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 67

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 COUNTY PITT CO DETENTION 730

Serial Number: *008668*
Test Date: *02/14/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	12:15pm
AIR BLK	.00	12:16pm
ACCY CHK	.07	12:16pm
AIR BLK	.00	12:17pm
SUB TEST	**.00**	**12:18pm**
AIR BLK	.00	12:19pm
SUB TEST	**.00**	**12:21pm**
AIR BLK	.00	12:22pm

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008668* Test Record Number: *1865*
Test Date: *02/14/2012* Test Time: *12:32pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

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
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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 Pitt Instrument Location Pitt Co. Detention Ctr.

Instrument Serial No. DD8442 124 Detention Dr., Greenville, 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 February, 2012 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

947
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 COUNTY PITT CO DETENTION 730

Serial Number: *008662*
Test Date: *02/14/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	12:41pm
AIR BLK	.00	12:42pm
ACCY CHK	.07	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	**.00**	**12:44pm**
AIR BLK	.00	12:45pm
SUB TEST	**.00**	**12:47pm**
AIR BLK	.00	12:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: *008662* Test Record Number: *642*
Test Date: *02/14/2012* Test Time: *12:48pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:49pm
FLO	Pass	12:49pm
FC	Pass	12:49pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:49pm
SRC	Pass	12:49pm
DET	Pass	12:49pm
BAR	Pass	12:49pm
BT	Pass	12:49pm

Blank Tests

Test	Status	Time
AIR	Pass	12:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:50pm

CRC Tests

Test	Status	Time
COMP	Pass	12:50pm
CAL	Pass	12:50pm

Preventive Maintenance
Status: Pass

Linda A. Rose

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 Pitt Instrument Location Ayden Police Dept.

Instrument Serial No. 00866660 4144 West Ave., Ayden, 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 27th day of February, 2012 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: *02/27/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2011-08/01/2013

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	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.07	9:51am
AIR BLK	.00	9:52am
SUB TEST	**.00**	**9:53am**
AIR BLK	.00	9:54am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:56am

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
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Intox EC/IR-II: Preventive Maintenance

PITT AYDEN PD 730

Serial Number: *008666* Test Record Number: *550*
Test Date: *02/27/2012* Test Time: *9:58am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:58am
FLO	Pass	9:58am
FC	Pass	9:58am

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time
AIR	Pass	9:59am

Printer Tests

Test	Status	Time
PRNT	Pass	9:59am

CRC Tests

Test	Status	Time
COMP	Pass	9:59am
CAL	Pass	9:59am

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
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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 Perquimans Instrument Location Perquimans Co. S.O

Instrument Serial No. 008921 110 N. Church St, Hertford, 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 February, 2012 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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: *008921*
Test Date: *02/14/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2011-08/01/2013

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	11:30am
AIR BLK	.00	11:30am
ACCY CHK	.08	11:31am
AIR BLK	.00	11:32am
SUB TEST	**.00**	**11:32am**
AIR BLK	.00	11:34am
SUB TEST	**.00**	**11:35am**
AIR BLK	.00	11:36am

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: *008921* Test Record Number: *321*
Test Date: *02/14/2012* Test Time: *11:37am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:37am
FLO	Pass	11:37am
FC	Pass	11:37am

Temperature Tests

Test	Status	Time
FC1	Pass	11:37am
SRC	Pass	11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
BT	Pass	11:37am

Blank Tests

Test	Status	Time
AIR	Pass	11:38am

Printer Tests

Test	Status	Time
PRNT	Pass	11:38am

CRC Tests

Test	Status	Time
COMP	Pass	11:38am
CAL	Pass	11:38am

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 Washington Instrument Location Washington Co. S.O.

Instrument Serial No. 008829 Adams St., Plymouth, 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 15th day of February, 2012 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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: *008829*
Test Date: *02/15/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2011-08/01/2013

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	11:24am
AIR BLK	.00	11:25am
ACCY CHK	.07	11:25am
AIR BLK	.00	11:26am
SUB TEST	**.00**	**11:27am**
AIR BLK	.00	11:28am
SUB TEST	**.00**	**11:29am**
AIR BLK	.00	11:30am

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

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: *008829* Test Record Number: *379*
Test Date: *02/15/2012* Test Time: *11:32am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:32am
FLO	Pass	11:32am
FC	Pass	11:32am

Temperature Tests

Test	Status	Time
FC1	Pass	11:32am
SRC	Pass	11:32am
DET	Pass	11:32am
BAR	Pass	11:32am
BT	Pass	11:32am

Blank Tests

Test	Status	Time
AIR	Pass	11:33am

Printer Tests

Test	Status	Time
PRNT	Pass	11:33am

CRC Tests

Test	Status	Time
COMP	Pass	11:33am
CAL	Pass	11:33am

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 MECKLENBURG Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 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 23 day of FEB, 20 12 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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: *008707*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG108203
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	11:21pm
AIR BLK	.00	11:22pm
ACCY CHK	.08	11:22pm
AIR BLK	.00	11:23pm
SUB TEST	**.00**	**11:24pm**
AIR BLK	.00	11:25pm
SUB TEST	**.00**	**11:26pm**
AIR BLK	.00	11:27pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: *008707* Test Record Number: *1347*
Test Date: *02/23/2012* Test Time: *11:28pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:29pm
SRC	Pass	11:29pm
DET	Pass	11:29pm
BAR	Pass	11:29pm
BT	Pass	11:29pm

Blank Tests

Test	Status	Time
AIR	Pass	11:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:29pm

CRC Tests

Test	Status	Time
COMP	Pass	11:29pm
CAL	Pass	11:29pm

Preventive Maintenance
Status: Pass

Alvin Ray Bennett
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 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 23 day of FEB, 20 12 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

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: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	11:25pm
AIR BLK	.00	11:26pm
ACCY CHK	.07	11:26pm
AIR BLK	.00	11:27pm
SUB TEST	**.00**	**11:28pm**
AIR BLK	.00	11:29pm
SUB TEST	**.00**	**11:30pm**
AIR BLK	.00	11:31pm

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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: *008647* Test Record Number: *1293*
Test Date: *02/23/2012* Test Time: *11:32pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:32pm
FLO	Pass	11:32pm
FC	Pass	11:33pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:33pm

CRC Tests

Test	Status	Time
COMP	Pass	11:34pm
CAL	Pass	11:34pm

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
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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 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 23 day of FEB, 20 12 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: *008616*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	11:19pm
AIR BLK	.00	11:20pm
ACCY CHK	.07	11:20pm
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
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Intox EC/IR-II: Preventive Maintenance

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: *008616* Test Record Number: *1282*
Test Date: *02/23/2012* Test Time: *11:26pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

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	11:28pm
CAL	Pass	11:28pm

Preventive Maintenance
Status: Pass

Alan Ray Berry

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 Jacksonville P.D.

Instrument Serial No. 008819

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 24 day of February, 2012 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.

Randy E Hall
Signature of Certifying Official

354
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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: *008819*
Test Date: *02/24/2012*

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

Analyst's Name: *HALL, RANDY E*
Permit Number: *03462E*
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG124904
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	12:16pm
AIR BLK	.00	12:17pm
ACCY CHK	.08	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	**.00**	**12:19pm**
AIR BLK	.00	12:20pm
SUB TEST	**.00**	**12:21pm**
AIR BLK	.00	12:22pm

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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: *008819* Test Record Number: *338*
Test Date: *02/24/2012* Test Time: *12:23pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance
Status: Pass

Rory E Hall

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, 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 23 day of FEBRUARY, 20 12 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: *008937*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:57pm
AIR BLK	.00	1:58pm
ACCY CHK	.08	1:59pm
AIR BLK	.00	2:00pm
SUB TEST	**.00**	**2:00pm**
AIR BLK	.00	2:01pm
SUB TEST	**.00**	**2:03pm**
AIR BLK	.00	2:03pm

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
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Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: *008937* Test Record Number: *1189*
Test Date: *02/23/2012* Test Time: *2:05pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:06pm
FLO	Pass	2:06pm
FC	Pass	2:06pm

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	2:07pm

CRC Tests

Test	Status	Time
COMP	Pass	2:07pm
CAL	Pass	2:07pm

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
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 23 day of FEBRUARY, 20 12 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: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	2:02pm
AIR BLK	.00	2:03pm
ACCY CHK	.08	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	**.00**	**2:05pm**
AIR BLK	.00	2:06pm
SUB TEST	**.00**	**2:08pm**
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
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Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: *008870* Test Record Number: *319*
Test Date: *02/23/2012* Test Time: *2:10pm EST*

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	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm

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
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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 PERSON Instrument Location PERSON CO. LEC

Instrument Serial No. 008880 120 COURT ST. ROXBORO, 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 FEBRUARY, 20 12 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.

Intox EC/IR-II: Subject Test

PERSON COUNTY PERSON CO. LEC 720

Serial Number: *008880*
Test Date: *02/13/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.08	2:08pm
AIR BLK	.00	2:09pm
SUB TEST	**.00**	**2:10pm**
AIR BLK	.00	2:11pm
SUB TEST	**.00**	**2:12pm**
AIR BLK	.00	2:14pm

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: *008880* Test Record Number: *420*
Test Date: *02/13/2012* Test Time: *2:15pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
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 PERSON Instrument Location PERSON CO. LEC

Instrument Serial No. 008693 120 COURT ST. ROXBORO, 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 FEBRUARY, 20 12 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: *008693*
Test Date: *02/13/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	2:11pm
AIR BLK	.00	2:12pm
ACCY CHK	.07	2:13pm
AIR BLK	.00	2:13pm
SUB TEST	**.00**	**2:14pm**
AIR BLK	.00	2:15pm
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
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Intox EC/IR-II: Preventive Maintenance

PERSON COUNTY PERSON CO. LEC 720

Serial Number: *008693* Test Record Number: *780*
Test Date: *02/13/2012* Test Time: *2:18pm EST*

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	2:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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 CCBI

Instrument Serial No. 008615 330 S. SALISBURY ST. RALEIGH, 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 9 day of FEBRUARY, 20 12 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 CCBI 910

Serial Number: *008615*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG125603
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	12:25pm
AIR BLK	.00	12:26pm
ACCY CHK	.07	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	**.00**	**12:28pm**
AIR BLK	.00	12:29pm
SUB TEST	**.00**	**12:31pm**
AIR BLK	.00	12:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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 CCBI 910

Serial Number: *008615* Test Record Number: *2918*
Test Date: *02/09/2012* Test Time: *12:34pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm

CRC Tests

Test	Status	Time
COMP	Pass	12:35pm
CAL	Pass	12:35pm

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
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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 CCBI

Instrument Serial No. 008876 330 S. SALISBURY ST. RALEIGH, 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 9 day of FEBRUARY, 20 12 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 CCBI 910
Serial Number: *008826*
Test Date: *02/09/2012*
Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG201802
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	12:13pm
AIR BLK	.00	12:14pm
ACCY CHK	.08	12:15pm
AIR BLK	.00	12:16pm
SUB TEST	**.00**	**12:17pm**
AIR BLK	.00	12:18pm
SUB TEST	**.00**	**12:20pm**
AIR BLK	.00	12:21pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910
Serial Number: *008826* Test Record Number: *4536*
Test Date: *02/09/2012* Test Time: *12:23pm EST*
System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:25pm

CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

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 CCBI

Instrument Serial No. 008816 330 S. SALISBURY ST. RALEIGH, 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 9 day of FEBRUARY, 20 12 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 CCBI 910

Serial Number: *008816*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG202602
Exp Date: 01/26/2014

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.08	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	**.00**	**12:02pm**
AIR BLK	.00	12:03pm
SUB TEST	**.00**	**12:05pm**
AIR BLK	.00	12:06pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: *008816* Test Record Number: *4960*
Test Date: *02/09/2012* Test Time: *12:09pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

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 CCBI

Instrument Serial No. 008686 330 S. SALISBURY ST. RALEIGH, 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 9 day of FEBRUARY, 20 12 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 CCBI 910

Serial Number: *008686*
Test Date: *02/09/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG124903
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:53am
AIR BLK	.00	11:55am
SUB TEST	**.00**	**11:55am**
AIR BLK	.00	11:56am
SUB TEST	**.00**	**11:58am**
AIR BLK	.00	11:59am

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CCBI 910

Serial Number: *008686* Test Record Number: *3101*
Test Date: *02/09/2012* Test Time: *12:01pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm

CRC Tests

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

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 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 8 day of FEBRUARY, 20 12 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: *02/08/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG125603
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	12:02pm
AIR BLK	.00	12:03pm
ACCY CHK	.07	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	**.00**	**12:05pm**
AIR BLK	.00	12:06pm
SUB TEST	**.00**	**12:07pm**
AIR BLK	.00	12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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: *616*
Test Date: *02/08/2012* Test Time: *12:09pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:10pm
FLO	Pass	12:10pm
FC	Pass	12:10pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:11pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

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 CARY P.D.

Instrument Serial No. 008587 120 WILKINSON AVE. CARY 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 7 day of FEBRUARY, 2012 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 CARY PD 910

Serial Number: *008587*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG125603
Exp Date: 09/13/2013

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:56am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:58am
SUB TEST	**.00**	**10:59am**
AIR BLK	.00	11:00am
SUB TEST	**.00**	**11:02am**
AIR BLK	.00	11:03am

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 CARY PD 910

Serial Number: *008587* Test Record Number: *1707*
Test Date: *02/07/2012* Test Time: *11:05am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am

CRC Tests

Test	Status	Time
COMP	Pass	11:06am
CAL	Pass	11:06am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 3 day of FEBRUARY, 2012 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: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG201802
Exp Date: 01/18/2014

Test	g/210L	Time
DIAG	Pass	2:09pm
AIR BLK	.00	2:10pm
ACCY CHK	.08	2:11pm
AIR BLK	.00	2:12pm
SUB TEST	**.00**	**2:12pm**
AIR BLK	.00	2:13pm
SUB TEST	**.00**	**2:15pm**
AIR BLK	.00	2:16pm

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: *008695* Test Record Number: *966*
Test Date: *02/03/2012* Test Time: *2:18pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	2:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:19pm

CRC Tests

Test	Status	Time
COMP	Pass	2:19pm
CAL	Pass	2:19pm

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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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 3 day of FEBRUARY, 2012 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: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:13pm
AIR BLK	.00	1:14pm
ACCY CHK	.08	1:14pm
AIR BLK	.00	1:16pm
SUB TEST	**.00**	**1:16pm**
AIR BLK	.00	1:17pm
SUB TEST	**.00**	**1:19pm**
AIR BLK	.00	1:20pm

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: *008607* Test Record Number: *641*
Test Date: *02/03/2012* Test Time: *1:21pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:22pm

CRC Tests

Test	Status	Time
COMP	Pass	1:22pm
CAL	Pass	1:22pm

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
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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 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 3 day of FEBRUARY, 2012 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: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:05pm
AIR BLK	.00	1:06pm
ACCY CHK	.08	1:07pm
AIR BLK	.00	1:08pm
SUB TEST	**.00**	**1:08pm**
AIR BLK	.00	1:09pm
SUB TEST	**.00**	**1:11pm**
AIR BLK	.00	1:12pm

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
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Intox EC/IR-II: Preventive Maintenance

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: *008688* Test Record Number: *591*
Test Date: *02/03/2012* Test Time: *1:15pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:15pm
FLO	Pass	1:15pm
FC	Pass	1:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

CRC Tests

Test	Status	Time
COMP	Pass	1:16pm
CAL	Pass	1:16pm

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
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

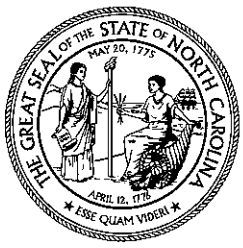
County HALIFAX Instrument Location ROANOKE RAPIDS P.D.

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 3 day of FEBRUARY, 2012 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: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	11:43am
AIR BLK	.00	11:44am
ACCY CHK	.07	11:45am
AIR BLK	.00	11:46am
SUB TEST	**.00**	**11:46am**
AIR BLK	.00	11:47am
SUB TEST	**.00**	**11:49am**
AIR BLK	.00	11:50am

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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: *008635* Test Record Number: *1019*
Test Date: *02/03/2012* Test Time: *11:50am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
FC1	Pass	11:51am
SRC	Pass	11:51am
DET	Pass	11:51am
BAR	Pass	11:51am
BT	Pass	11:51am

Blank Tests

Test	Status	Time
AIR	Pass	11:52am

Printer Tests

Test	Status	Time
PRNT	Pass	11:52am

CRC Tests

Test	Status	Time
COMP	Pass	11:52am
CAL	Pass	11:52am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 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 3 day of FEBRUARY, 2012 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: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	11:45am
AIR BLK	.00	11:46am
ACCY CHK	.07	11:47am
AIR BLK	.00	11:48am
SUB TEST	**.00**	**11:49am**
AIR BLK	.00	11:49am
SUB TEST	**.00**	**11:51am**
AIR BLK	.00	11:52am

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: *008656* Test Record Number: *390*
Test Date: *02/03/2012* Test Time: *11:53am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:54am
FLO	Pass	11:54am
FC	Pass	11:54am

Temperature Tests

Test	Status	Time
FC1	Pass	11:54am
SRC	Pass	11:54am
DET	Pass	11:54am
BAR	Pass	11:54am
BT	Pass	11:54am

Blank Tests

Test	Status	Time
AIR	Pass	11:54am

Printer Tests

Test	Status	Time
PRNT	Pass	11:54am

CRC Tests

Test	Status	Time
COMP	Pass	11:55am
CAL	Pass	11:55am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 WAKEFOREST 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 2 day of FEBRUARY, 20 12 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: *02/02/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	**.00**	**2:31pm**
AIR BLK	.00	2:32pm
SUB TEST	**.00**	**2:33pm**
AIR BLK	.00	2:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAKE COUNTY WAKE FOREST PD 910

Serial Number: *008700* Test Record Number: *534*
Test Date: *02/02/2012* Test Time: *2:36pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:38pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 CUMBERLAND Instrument Location FT. BRAGG P.M.O.

Instrument Serial No. 008908

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 FEBRUARY, 2012 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

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: *008908*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG124903
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	11:58am
AIR BLK	.00	11:58am
ACCY CHK	.08	11:59am
AIR BLK	.00	11:59am
SUB TEST	**.00**	**12:01pm**
AIR BLK	.00	12:02pm
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
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Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: *008908* Test Record Number: *1005*
Test Date: *02/23/2012* Test Time: *12:05pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:06pm
FLO	Pass	12:06pm
FC	Pass	12:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:06pm
SRC	Pass	12:06pm
DET	Pass	12:06pm
BAR	Pass	12:06pm
BT	Pass	12:06pm

Blank Tests

Test	Status	Time
AIR	Pass	12:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:06pm

CRC Tests

Test	Status	Time
COMP	Pass	12:07pm
CAL	Pass	12:07pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Cumberland Instrument Location FT. Bragg PMO

Instrument Serial No. 008903

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 23rd day of February, 2012 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: Subject Test

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: *008903*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	11:57am
AIR BLK	.00	11:58am
ACCY CHK	.07	11:59am
AIR BLK	.00	12:00pm
SUB TEST	**.00**	**12:00pm**
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:04pm**
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: *008903* Test Record Number: *785*
Test Date: *02/23/2012* Test Time: *12:06pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	Pass	12:08pm
CAL	Pass	12:08pm

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
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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 Cumberland Instrument Location Fort Bragg PMO

Instrument Serial No. 008787

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 23rd day of February, 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: Subject Test

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: *008787*
Test Date: *02/23/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	11:50am
AIR BLK	.00	11:50am
ACCY CHK	.07	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
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Intox EC/IR-II: Preventive Maintenance

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: *008787* Test Record Number: *194*
Test Date: *02/23/2012* Test Time: *11:59am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:59am
FLO	Pass	11:59am
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:00pm

CRC Tests

Test	Status	Time
COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 RICHMOND Instrument Location RICHMOND Co. MAGISTRATES' OFFICE

Instrument Serial No. 008840 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 22 day of FEBRUARY, 20 12 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.

R. H. Russell
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: *02/22/2012*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENANCE*
Subject'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: *09/01/2011-09/01/2013*

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	8:35am
AIR BLK	.00	8:36am
ACCY CHK	.07	8:36am
AIR BLK	.00	8:38am
SUB TEST	**.00**	**8:38am**
AIR BLK	.00	8:39am
SUB TEST	**.00**	**8:41am**
AIR BLK	.00	8:42am

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: *008840* Test Record Number: *795*
Test Date: *02/22/2012* Test Time: *8:42am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:44am

Printer Tests

Test	Status	Time
PRNT	Pass	8:44am

CRC Tests

Test	Status	Time
COMP	Pass	8:44am
CAL	Pass	8:44am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 RICHMOND Instrument Location RICHMOND Co. MAGISTRATE'S OFFICE

Instrument Serial No. 008701 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 22 day of FEBRUARY, 20 12 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: *02/22/2012*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENANCE*
Subject'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: *09/01/2011-09/01/2013*

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	8:37am
AIR BLK	.00	8:38am
ACCY CHK	.08	8:38am
AIR BLK	.00	8:40am
SUB TEST	**.00**	**8:40am**
AIR BLK	.00	8:41am
SUB TEST	**.00**	**8:43am**
AIR BLK	.00	8:44am

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

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: *008701* Test Record Number: *977*
Test Date: *02/22/2012* Test Time: *8:44am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:45am
FLO	Pass	8:45am
FC	Pass	8:45am

Temperature Tests

Test	Status	Time
FC1	Pass	8:45am
SRC	Pass	8:45am
DET	Pass	8:45am
BAR	Pass	8:45am
BT	Pass	8:45am

Blank Tests

Test	Status	Time
AIR	Pass	8:46am

Printer Tests

Test	Status	Time
PRNT	Pass	8:46am

CRC Tests

Test	Status	Time
COMP	Pass	8:46am
CAL	Pass	8:46am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Rockingham Instrument Location Eden PD

Instrument Serial No. 008636

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 February, 2012 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 EDEN PD 780

Serial Number: *008636*
Test Date: *02/14/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.07	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	**.00**	**1:53pm**
AIR BLK	.00	1:54pm
SUB TEST	**.00**	**1:55pm**
AIR BLK	.00	1:56pm

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: *008636* Test Record Number: *1082*
Test Date: *02/14/2012* Test Time: *1:57pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:58pm

CRC Tests

Test	Status	Time
COMP	Pass	1:58pm
CAL	Pass	1:58pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Rockingham Instrument Location Reidsville P.D

Instrument Serial No. 008784

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 February, 2012 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 REIDSVILLE PD 780

Serial Number: *008784*
Test Date: *02/14/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.07	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	**.00**	**1:01pm**
AIR BLK	.00	1:02pm
SUB TEST	**.00**	**1:04pm**
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: *008784* Test Record Number: *540*
Test Date: *02/14/2012* Test Time: *1:05pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:05pm
FLO	Pass	1:05pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm

CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Surry Instrument Location Elkin P.D.

Instrument Serial No. 008926

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 February, 2017 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

SURRY COUNTY ELKIN PD 850

Serial Number: *008926*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	4:06pm
AIR BLK	.00	4:07pm
ACCY CHK	.07	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	**.00**	**4:10pm**
AIR BLK	.00	4:11pm
SUB TEST	**.00**	**4:13pm**
AIR BLK	.00	4:13pm

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
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Intox EC/IR-II: Preventive Maintenance

SURRY COUNTY ELKIN PD 850

Serial Number: *008926* Test Record Number: *484*
Test Date: *02/07/2012* Test Time: *4:14pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm

CRC Tests

Test	Status	Time
COMP	Pass	4:16pm
CAL	Pass	4:16pm

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
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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 Surry Instrument Location Surry Co Jail

Instrument Serial No. 008934

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 February, 20 12 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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: *008934*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	**.00**	**2:46pm**
AIR BLK	.00	2:47pm
SUB TEST	**.00**	**2:49pm**
AIR BLK	.00	2:50pm

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

SURRY COUNTY SURRY CO JAIL 850

Serial Number: *008934* Test Record Number: *843*
Test Date: *02/07/2012* Test Time: *2:51pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:52pm
FLO	Pass	2:52pm
FC	Pass	2:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:52pm
SRC	Pass	2:52pm
DET	Pass	2:52pm
BAR	Pass	2:52pm
BT	Pass	2:52pm

Blank Tests

Test	Status	Time
AIR	Pass	2:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:52pm

CRC Tests

Test	Status	Time
COMP	Pass	2:53pm
CAL	Pass	2:53pm

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 Surry Instrument Location Mount Airy PD

Instrument Serial No. 008943

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 February, 2012 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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: *008943*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:30pm
AIR BLK	.00	1:30pm
ACCY CHK	.08	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	**.00**	**1:32pm**
AIR BLK	.00	1:33pm
SUB TEST	**.00**	**1:35pm**
AIR BLK	.00	1:36pm

Reported AC: .00 g/210L

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

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: *008943* Test Record Number: *1163*
Test Date: *02/07/2012* Test Time: *1:37pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	1:38pm
SRC	Pass	1:38pm
DET	Pass	1:38pm
BAR	Pass	1:38pm
BT	Pass	1:38pm

Blank Tests

Test	Status	Time
AIR	Pass	1:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:39pm

CRC Tests

Test	Status	Time
COMP	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
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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 Surry Instrument Location Pilot Mountain P.D

Instrument Serial No. 008938

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 February, 2012 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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: *008938*
Test Date: *02/07/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	12:39pm
AIR BLK	.00	12:40pm
ACCY CHK	.07	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	**.00**	**12:42pm**
AIR BLK	.00	12:43pm
SUB TEST	**.00**	**12:45pm**
AIR BLK	.00	12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: *008938* Test Record Number: *338*
Test Date: *02/07/2012* Test Time: *12:46pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm

CRC Tests

Test	Status	Time
COMP	Pass	12:48pm
CAL	Pass	12:48pm

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 Rockingham Instrument Location Madison P.D.

Instrument Serial No. 008802

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 3 day of February, 2012 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 MADISON PD 780

Serial Number: *008802*
Test Date: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	12:42pm
AIR BLK	.00	12:43pm
ACCY CHK	.07	12:44pm
AIR BLK	.00	12:45pm
SUB TEST	**.00**	**12:46pm**
AIR BLK	.00	12:46pm
SUB TEST	**.00**	**12:48pm**
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: *008802* Test Record Number: *402*
Test Date: *02/03/2012* Test Time: *12:49pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

CRC Tests

Test	Status	Time
COMP	Pass	12:51pm
CAL	Pass	12:51pm

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
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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 Rockingham Instrument Location Rockingham Co Jail

Instrument Serial No. 008796

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 3 day of February, 2012 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: *008796*
Test Date: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	1:35pm
AIR BLK	.00	1:36pm
ACCY CHK	.07	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	**.00**	**1:38pm**
AIR BLK	.00	1:39pm
SUB TEST	**.00**	**1:40pm**
AIR BLK	.00	1:41pm

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

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: *008796* Test Record Number: *989*
Test Date: *02/03/2012* Test Time: *1:42pm EST*

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

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 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 17 day of FEBRUARY, 20 12 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: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG125602
Exp Date: 09/13/2013

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

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

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: *008885* Test Record Number: *246*
Test Date: *02/17/2012* Test Time: *10:39am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:39am
SRC	Pass	10:39am
DET	Pass	10:39am
BAR	Pass	10:39am
BT	Pass	10:39am

Blank Tests

Test	Status	Time
AIR	Pass	10:40am

Printer Tests

Test	Status	Time
PRNT	Pass	10:40am

CRC Tests

Test	Status	Time
COMP	Pass	10:40am
CAL	Pass	10:40am

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 Scotland Co. Sheriffs Office

Instrument Serial No. 008861 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 21st day of February, 2012 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: Subject Test

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: *008861*
Test Date: *02/21/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	11:28am
AIR BLK	.00	11:29am
ACCY CHK	.08	11:29am
AIR BLK	.00	11:30am
SUB TEST	**.00**	**11:31am**
AIR BLK	.00	11:32am
SUB TEST	**.00**	**11:33am**
AIR BLK	.00	11:34am

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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: *008861* Test Record Number: *571*
Test Date: *02/21/2012* Test Time: *11:36am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:37am

Printer Tests

Test	Status	Time
PRNT	Pass	11:37am

CRC Tests

Test	Status	Time
COMP	Pass	11:37am
CAL	Pass	11:37am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

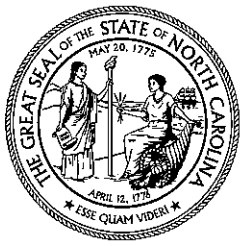
County Randolph Instrument Location Randleman Police Dept

Instrument Serial No. 008737 Randleman, 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 20th day of February, 2012 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: Subject Test

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: *008737*
Test Date: *02/20/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	2:00pm
AIR BLK	.00	2:01pm
ACCY CHK	.07	2:02pm
AIR BLK	.00	2:02pm
SUB TEST	**.00**	**2:03pm**
AIR BLK	.00	2:04pm
SUB TEST	**.00**	**2:06pm**
AIR BLK	.00	2:07pm

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
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Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: *008737* Test Record Number: *467*
Test Date: *02/20/2012* Test Time: *2:08pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

Test	Status	Time
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm

CRC Tests

Test	Status	Time
COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance
Status: Pass

Analyst

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 Instrument Location Liberty Police Dept.

Instrument Serial No. 008830 Liberty, 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 20th day of February, 2012 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: Subject Test

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: *008830*
Test Date: *02/20/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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	12:26pm
AIR BLK	.00	12:27pm
ACCY CHK	.08	12:27pm
AIR BLK	.00	12:28pm
SUB TEST	**.00**	**12:29pm**
AIR BLK	.00	12:30pm
SUB TEST	**.00**	**12:31pm**
AIR BLK	.00	12:32pm

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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: *008830* Test Record Number: *320*
Test Date: *02/20/2012* Test Time: *12:33pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

CRC Tests

Test	Status	Time
COMP	Pass	12:34pm
CAL	Pass	12:34pm

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 21st day of February, 2012 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: Subject Test

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: *008834*
Test Date: *02/21/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG124904
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:40am
AIR BLK	.00	10:41am
ACCY CHK	.07	10:41am
AIR BLK	.00	10:42am
SUB TEST	**.00**	**10:43am**
AIR BLK	.00	10:44am
SUB TEST	**.00**	**10:45am**
AIR BLK	.00	10:46am

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

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: *008834* Test Record Number: *441*
Test Date: *02/21/2012* Test Time: *10:47am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:48am

Printer Tests

Test	Status	Time
PRNT	Pass	10:48am

CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

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 DAVIDSON Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008616 THOMASVILLE, 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 FEB, 2012 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

L048
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

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: *008616*
Test Date: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.08	8:58pm
AIR BLK	.00	8:59pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	9:00pm
SUB TEST	**.00**	**9:01pm**
AIR BLK	.00	9:02pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: *008616* Test Record Number: *1276*
Test Date: *02/17/2012* Test Time: *9:03pm EST*

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

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 DAVIDSON Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 THOMASVILLE, 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 FEB, 20 12 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

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: *008707*
Test Date: *02/17/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG108203
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	9:01pm
AIR BLK	.00	9:02pm
ACCY CHK	.08	9:03pm
AIR BLK	.00	9:03pm
SUB TEST	**.00**	**9:04pm**
AIR BLK	.00	9:05pm
SUB TEST	**.00**	**9:06pm**
AIR BLK	.00	9:07pm

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
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Intox EC/IR-II: Preventive Maintenance

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: *008707* Test Record Number: *1343*
Test Date: *02/17/2012* Test Time: *9:08pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9:09pm
FC	Pass	9:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:09pm
SRC	Pass	9:09pm
DET	Pass	9:09pm
BAR	Pass	9:09pm
BT	Pass	9:09pm

Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm

CRC Tests

Test	Status	Time
COMP	Pass	9:10pm
CAL	Pass	9:10pm

Preventive Maintenance
Status: Pass

Alan Ray Barnes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Burke Instrument Location Morganton DPS

Instrument Serial No. 008831 Morganton, 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 February, 2012 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

BURKE COUNTY MORGANTON DPS 110

Serial Number: *008831*
Test Date: *02/08/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

Officer's Name: *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	4:09pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	**.00**	**4:13pm**
AIR BLK	.00	4:14pm
SUB TEST	**.00**	**4:15pm**
AIR BLK	.00	4:16pm

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

BURKE COUNTY MORGANTON DPS 110

Serial Number: *008831* Test Record Number: *1157*
Test Date: *02/08/2012* Test Time: *4:18pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:18pm
FLO	Pass	4:18pm
FC	Pass	4:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm

Blank Tests

Test	Status	Time
AIR	Pass	4:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:19pm

CRC Tests

Test	Status	Time
COMP	Pass	4:19pm
CAL	Pass	4:19pm

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wayne Instrument Location Bat Mobile Unit 4

Instrument Serial No. 008876 STAFB / 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 3rd day of Feb, 2012 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

7682E
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

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: *008871* Test Record Number: *433*
Test Date: *02/03/2012* Test Time: *9:55pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:57pm

CRC Tests

Test	Status	Time
COMP	Pass	9:57pm
CAL	Pass	9:57pm

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

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: *008871*
Test Date: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, GRAYHAM C*
Permit Number: *7682E*
Effective:
03/01/2010-03/01/2012

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

Lot Number: AG011703
Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	9:47pm
AIR BLK	.00	9:48pm
ACCY CHK	.07	9:49pm
AIR BLK	.00	9:49pm
SUB TEST	**.00**	**9:50pm**
AIR BLK	.00	9:51pm
SUB TEST	**.00**	**9:53pm**
AIR BLK	.00	9:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Avery Instrument Location Banner Elk PD

Instrument Serial No. 008724 Banner Elk, 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 February, 2012 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

AVERY COUNTY BANNER ELK PD 050

Serial Number: *008724*
Test Date: *02/13/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm
SUB TEST	**.00**	**3:11pm**
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

AVERY COUNTY BANNER ELK PD 050

Serial Number: *008724* Test Record Number: *262*
Test Date: *02/13/2012* Test Time: *3:13pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
BT	Pass	3:13pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm

CRC Tests

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 McDowell Instrument Location Mc Dowell Co. Jail

Instrument Serial No. 008892 Marion, 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 10 day of February, 2012 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

MCDOWELL COUNTY JAIL 580

Serial Number: *008892*
Test Date: *02/10/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

Lot Number: AG200401
Exp Date: 01/04/2014

Test	g/210L	Time
DIAG	Pass	4:19pm
AIR BLK	.00	4:20pm
ACCY CHK	.08	4:21pm
AIR BLK	.00	4:21pm
SUB TEST	**.00**	**4:22pm**
AIR BLK	.00	4:23pm
SUB TEST	**.00**	**4:24pm**
AIR BLK	.00	4:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: *008892* Test Record Number: *286*
Test Date: *02/10/2012* Test Time: *4:26pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:27pm
FLO	Pass	4:27pm
FC	Pass	4:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:27pm
SRC	Pass	4:27pm
DET	Pass	4:27pm
BAR	Pass	4:27pm
BT	Pass	4:27pm

Blank Tests

Test	Status	Time
AIR	Pass	4:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:28pm

CRC Tests

Test	Status	Time
COMP	Pass	4:28pm
CAL	Pass	4:28pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Richmond Co Instrument Location Bat Mobile Unit 4

Instrument Serial No. 008871 Rockingham

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 10 day of February, 20 12 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

6822
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 BAT MOBILE UNIT 4 760

Serial Number: *008871*
Test Date: *02/10/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, GRAYHAM C*
Permit Number: *7682E*
Effective:
03/01/2010-03/01/2012

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	9:08pm
AIR BLK	.00	9:09pm
ACCY CHK	.08	9:09pm
AIR BLK	.00	9:10pm
SUB TEST	**.00**	**9:11pm**
AIR BLK	.00	9:12pm
SUB TEST	**.00**	**9:13pm**
AIR BLK	.00	9:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY BAT MOBILE UNIT 4 760

Serial Number: *008871* Test Record Number: *437*
Test Date: *02/10/2012* Test Time: *9:15pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:16pm
FLO	Pass	9:16pm
FC	Pass	9:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:16pm
SRC	Pass	9:16pm
DET	Pass	9:16pm
BAR	Pass	9:16pm
BT	Pass	9:16pm

Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm

CRC Tests

Test	Status	Time
COMP	Pass	9:17pm
CAL	Pass	9:17pm

Preventive Maintenance
Status: Pass

Analyst

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

Instrument Serial No. 008939 Cape Carteret

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 February, 2012 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: *711*
Test Date: *02/04/2012* Test Time: *7:21pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:21pm
FLO	Pass	7:21pm
FC	Pass	7:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:21pm
SRC	Pass	7:21pm
DET	Pass	7:21pm
BAR	Pass	7:21pm
BT	Pass	7:21pm

Blank Tests

Test	Status	Time
AIR	Pass	7:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:22pm

CRC Tests

Test	Status	Time
COMP	Pass	7:22pm
CAL	Pass	7:22pm

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: *02/04/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	7:14pm
AIR BLK	.00	7:14pm
ACCY CHK	.08	7:15pm
AIR BLK	.00	7:16pm
SUB TEST	**.00**	**7:16pm**
AIR BLK	.00	7:17pm
SUB TEST	**.00**	**7:19pm**
AIR BLK	.00	7:20pm

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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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. 008865 Boiling Springs Lake

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 February, 2012 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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: *008869* Test Record Number: *673*
Test Date: *02/05/2012* Test Time: *9:05pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
BT	Pass	9:05pm

Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

CRC Tests

Test	Status	Time
COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: *008869*
Test Date: *02/05/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	8:52pm
AIR BLK	.00	8:53pm
ACCY CHK	.08	8:54pm
AIR BLK	.00	8:54pm
SUB TEST	**.00**	**8:55pm**
AIR BLK	.00	8:56pm
SUB TEST	**.00**	**8:57pm**
AIR BLK	.00	8:58pm

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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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. 008939 Boiling Spring Lakes

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 February, 20 12 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.

Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: *008939* Test Record Number: *715*
Test Date: *02/05/2012* Test Time: *9:00pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:00pm
FLO	Pass	9:00pm
FC	Pass	9:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:00pm
SRC	Pass	9:00pm
DET	Pass	9:00pm
BAR	Pass	9:00pm
BT	Pass	9:00pm

Blank Tests

Test	Status	Time
AIR	Pass	9:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:01pm

CRC Tests

Test	Status	Time
COMP	Pass	9:01pm
CAL	Pass	9:01pm

Preventive Maintenance
Status: Pass

K.C. Rhodes

Analyst

This form is used when performing Preventive Maintenance procedures
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Intox EC/IR-II: Subject Test

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: *008939*
Test Date: *02/05/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	8:50pm
AIR BLK	.00	8:51pm
ACCY CHK	.08	8:52pm
AIR BLK	.00	8:53pm
SUB TEST	**.00**	**8:54pm**
AIR BLK	.00	8:55pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm

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
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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 CABARRUS Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 CONCORD, 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 3 day of FEB, 20 12 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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: *008707*
Test Date: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG108203
Exp Date: 03/23/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes
Analyst

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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: *008707* Test Record Number: *1340*
Test Date: *02/03/2012* Test Time: *10:12pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:12pm
FLO	Pass	10:12pm
FC	Pass	10:12pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:13pm

CRC Tests

Test	Status	Time
COMP	Pass	10:13pm
CAL	Pass	10:13pm

Preventive Maintenance
Status: Pass

Alvin Ray Barnes
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 CABARRUS Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008647 CONCORD, 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 3 day of FEB, 2012 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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: *008647*
Test Date: *02/03/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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	10:06pm
AIR BLK	.00	10:07pm
ACCY CHK	.07	10:07pm
AIR BLK	.00	10:08pm
SUB TEST	**.00**	**10:09pm**
AIR BLK	.00	10:10pm
SUB TEST	**.00**	**10:11pm**
AIR BLK	.00	10:12pm

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
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Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: *008647* Test Record Number: *1287*
Test Date: *02/03/2012* Test Time: *10:12pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:14pm

CRC Tests

Test	Status	Time
COMP	Pass	10:14pm
CAL	Pass	10:14pm

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 Durham Instrument Location Durham Co. Jail

Instrument Serial No. 008891 217 S. Mangum St. Durham, 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 2 day of February, 20 12 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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008891*
Test Date: *02/02/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG109703
Exp Date: 04/07/2013

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:32am
AIR BLK	.00	11:33am
SUB TEST	**.00**	**11:34am**
AIR BLK	.00	11:34am
SUB TEST	**.00**	**11:36am**
AIR BLK	.00	11:37am

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008891* Test Record Number: *1628*
Test Date: *02/02/2012* Test Time: *11:39am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

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 DURHAM Instrument Location DURHAM CO. JAIL

Instrument Serial No. 008878 217 S. MANGUM ST. DURHAM, 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 2 day of FEBRUARY, 20 12 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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008878*
Test Date: *02/02/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	11:27am
AIR BLK	.00	11:28am
ACCY CHK	.07	11:28am
AIR BLK	.00	11:29am
SUB TEST	**.00**	**11:30am**
AIR BLK	.00	11:31am
SUB TEST	**.00**	**11:32am**
AIR BLK	.00	11:33am

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008878* Test Record Number: *1627*
Test Date: *02/02/2012* Test Time: *11:34am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:36am

Printer Tests

Test	Status	Time
PRNT	Pass	11:36am

CRC Tests

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

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 DURHAM Instrument Location DURHAM CO. JAIL

Instrument Serial No. 008859 217 S. MANGUM ST. DURHAM, 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 2 day of FEBRUARY, 2012 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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008859*
Test Date: *02/02/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
09/01/2011-09/01/2013

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

Lot Number: AG124903
Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	11:21am
AIR BLK	.00	11:22am
ACCY CHK	.07	11:23am
AIR BLK	.00	11:24am
SUB TEST	**.00**	**11:24am**
AIR BLK	.00	11:25am
SUB TEST	**.00**	**11:27am**
AIR BLK	.00	11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: *008859* Test Record Number: *963*
Test Date: *02/02/2012* Test Time: *11:29am EST*

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	11:30am

Printer Tests

Test	Status	Time
PRNT	Pass	11:30am

CRC Tests

Test	Status	Time
COMP	Pass	11:30am
CAL	Pass	11:30am

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 Carteret Instrument Location Bat Mobile Unit C

Instrument Serial No. 008869 Cape Carteret

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 February, 2012 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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: *008869* Test Record Number: *668*
Test Date: *02/04/2012* Test Time: *7:09pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	7:10pm
FLO	Pass	7:10pm
FC	Pass	7:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:10pm
SRC	Pass	7:10pm
DET	Pass	7:10pm
BAR	Pass	7:10pm
BT	Pass	7:10pm

Blank Tests

Test	Status	Time
AIR	Pass	7:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:11pm

CRC Tests

Test	Status	Time
COMP	Pass	7:11pm
CAL	Pass	7:11pm

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: *02/04/2012*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2011-10/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	6:36pm
AIR BLK	.00	6:37pm
ACCY CHK	.08	6:38pm
AIR BLK	.00	6:39pm
SUB TEST	**.00**	**6:40pm**
AIR BLK	.00	6:41pm
SUB TEST	**.00**	**6:42pm**
AIR BLK	.00	6:43pm

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 Brunswick Instrument Location Brunswick County Sheriffs Dept.

Instrument Serial No. 8585

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: *008585*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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	5:19pm
AIR BLK	.00	5:20pm
ACCY CHK	.07	5:20pm
AIR BLK	.00	5:22pm
SUB TEST	**.00**	**5:22pm**
AIR BLK	.00	5:23pm
SUB TEST	**.00**	**5:26pm**
AIR BLK	.00	5:27pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: *008585* Test Record Number: *2029*
Test Date: *02/07/2012* Test Time: *5:28pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:28pm
FLO	Pass	5:28pm
FC	Pass	5:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:29pm
SRC	Pass	5:29pm
DET	Pass	5:29pm
BAR	Pass	5:29pm
BT	Pass	5:29pm

Blank Tests

Test	Status	Time
AIR	Pass	5:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:29pm

CRC Tests

Test	Status	Time
COMP	Pass	5:30pm
CAL	Pass	5:30pm

Preventive Maintenance
Status: Pass

Anthony Rivera
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 Oak Island

Instrument Serial No. 8648 Police Dept.

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: *008648*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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	4:24pm
AIR BLK	.00	4:25pm
ACCY CHK	.08	4:26pm
AIR BLK	.00	4:27pm
SUB TEST	**.00**	**4:28pm**
AIR BLK	.00	4:28pm
SUB TEST	**.00**	**4:30pm**
AIR BLK	.00	4:31pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: *008648* Test Record Number: *901*
Test Date: *02/07/2012* Test Time: *4:32pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:33pm
FLO	Pass	4:33pm
FC	Pass	4:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:33pm
SRC	Pass	4:33pm
DET	Pass	4:33pm
BAR	Pass	4:33pm
BT	Pass	4:33pm

Blank Tests

Test	Status	Time
AIR	Pass	4:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:34pm

CRC Tests

Test	Status	Time
COMP	Pass	4:34pm
CAL	Pass	4:34pm

Preventive Maintenance
Status: Pass

Anthony Rivera

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 New Hanover County Sheriffs Dept.

Instrument Serial No. 8626

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: *008626*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.07	2:52pm
AIR BLK	.00	2:53pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:56pm**
AIR BLK	.00	2:57pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: *008626* Test Record Number: *3453*
Test Date: *02/07/2012* Test Time: *2:58pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:00pm

CRC Tests

Test	Status	Time
COMP	Pass	3:00pm
CAL	Pass	3:00pm

Preventive Maintenance
Status: Pass

Anthony Rivera
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 NEW HANOVER Instrument Location NEW HANOVER COUNTY SHERIFFS DEPT.

Instrument Serial No. 8617

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: *008617*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	2:50pm
AIR BLK	.00	2:51pm
ACCY CHK	.08	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm
SUB TEST	**.00**	**2:56pm**
AIR BLK	.00	2:56pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: *008617* Test Record Number: *1743*
Test Date: *02/07/2012* Test Time: *2:58pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:58pm
SRC	Pass	2:58pm
DET	Pass	2:58pm
BAR	Pass	2:58pm
BT	Pass	2:58pm

Blank Tests

Test	Status	Time
AIR	Pass	2:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

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 NEW HANOVER Instrument Location Wilmington

Instrument Serial No. 8628 Police Dept.

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 February, 2012 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.

Anthony Rivera
Signature of Certifying Official

634
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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: *008628*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.07	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	**.00**	**2:06pm**
AIR BLK	.00	2:07pm
SUB TEST	**.00**	**2:10pm**
AIR BLK	.00	2:11pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: *008628* Test Record Number: *2225*
Test Date: *02/07/2012* Test Time: *2:11pm EST*

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

Anthony Rivera

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 New Hanover Instrument Location Carolina Beach Police Dept.

Instrument Serial No. 8661

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

NEW HANOVER COUNTY CAROLINA BEACH PD
640

Serial Number: *008661*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:00pm
SUB TEST	**.00**	**1:01pm**
AIR BLK	.00	1:02pm
SUB TEST	**.00**	**1:04pm**
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: *008661* Test Record Number: *1292*
Test Date: *02/07/2012* Test Time: *1:06pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

Test	Status	Time
COMP	Pass	1:07pm
CAL	Pass	1:07pm

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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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 Wrightsville Beach

Instrument Serial No. 8667 Police Dept.

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: *008667*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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	11:49am
AIR BLK	.00	11:50am
ACCY CHK	.08	11:51am
AIR BLK	.00	11:51am
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

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: *008667* Test Record Number: *979*
Test Date: *02/07/2012* Test Time: *11:57am EST*

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

Anthony Rivers
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 Pender Instrument Location Pender County

Instrument Serial No. 8948 Sheriffs Dept Annex

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: *008948*
Test Date: *02/07/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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	10:52am
AIR BLK	.00	10:53am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	**.00**	**10:55am**
AIR BLK	.00	10:56am
SUB TEST	**.00**	**10:57am**
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: *008948* Test Record Number: *472*
Test Date: *02/07/2012* Test Time: *10:59am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

Test	Status	Time
COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance
Status: Pass

Anthony Rivera

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 Duplin Instrument Location Wallace

Instrument Serial No. 8858 Police Dept.

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

DUPLIN COUNTY WALLACE PD 300

Serial Number: *008858*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK	.07	5:31pm
AIR BLK	.00	5:32pm
SUB TEST	**.00**	**5:32pm**
AIR BLK	.00	5:33pm
SUB TEST	**.00**	**5:35pm**
AIR BLK	.00	5:36pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

DUPLIN COUNTY WALLACE PD 300

Serial Number: *008858* Test Record Number: *509*
Test Date: *02/06/2012* Test Time: *5:37pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:37pm
FLO	Pass	5:37pm
FC	Pass	5:37pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:38pm
SRC	Pass	5:38pm
DET	Pass	5:38pm
BAR	Pass	5:38pm
BT	Pass	5:38pm

Blank Tests

Test	Status	Time
AIR	Pass	5:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm

CRC Tests

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance
Status: Pass

Anthony Rivera
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 PENDER Instrument Location PENDER County Sheriffs Dept.

Instrument Serial No. 8946

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 February, 2012 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.

Anthony Rivera
Signature of Certifying Official

634
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

PENDER PENDER COUNTY SD 700

Serial Number: *008946*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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	4:41pm
AIR BLK	.00	4:42pm
ACCY CHK	.08	4:43pm
AIR BLK	.00	4:44pm
SUB TEST	**.00**	**4:44pm**
AIR BLK	.00	4:45pm
SUB TEST	**.00**	**4:47pm**
AIR BLK	.00	4:48pm

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

PENDER PENDER COUNTY SD 700

Serial Number: *008946* Test Record Number: *620*
Test Date: *02/06/2012* Test Time: *4:50pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:50pm
FLO	Pass	4:50pm
FC	Pass	4:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:50pm
SRC	Pass	4:50pm
DET	Pass	4:50pm
BAR	Pass	4:50pm
BT	Pass	4:50pm

Blank Tests

Test	Status	Time
AIR	Pass	4:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:51pm

CRC Tests

Test	Status	Time
COMP	Pass	4:51pm
CAL	Pass	4:51pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Pender Instrument Location Pender County

Instrument Serial No. 8935 Sheriffs Dept.

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

PENDER PENDER CO SD 700

Serial Number: *008935*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG106701
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	4:36pm
AIR BLK	.00	4:37pm
ACCY CHK	.07	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	**.00**	**4:40pm**
AIR BLK	.00	4:41pm
SUB TEST	**.00**	**4:42pm**
AIR BLK	.00	4:43pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

PENDER PENDER CO SD 700

Serial Number: *008935* Test Record Number: *944*
Test Date: *02/06/2012* Test Time: *4:45pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:45pm
FLO	Pass	4:45pm
FC	Pass	4:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:45pm
SRC	Pass	4:45pm
DET	Pass	4:45pm
BAR	Pass	4:45pm
BT	Pass	4:45pm

Blank Tests

Test	Status	Time
AIR	Pass	4:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:46pm

CRC Tests

Test	Status	Time
COMP	Pass	4:46pm
CAL	Pass	4:46pm

Preventive Maintenance
Status: Pass

Anthony Rivers

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 Columbus Instrument Location Columbus County Sheriff's Dept.

Instrument Serial No. 8875

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: *008875*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG123502
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:10pm**
AIR BLK	.00	3:11pm
SUB TEST	**.00**	**3:12pm**
AIR BLK	.00	3:13pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: *008875* Test Record Number: *809*
Test Date: *02/06/2012* Test Time: *3:15pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance
Status: Pass

Anthony Rivera
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 Columbus Instrument Location Columbus County Sheriffs Dept.

Instrument Serial No. 8886

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 February, 2012 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.

Anthony Rivera
Signature of Certifying Official

634
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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: *008886*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm
SUB TEST	**.00**	**3:11pm**
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: *008886* Test Record Number: *549*
Test Date: *02/06/2012* Test Time: *3:13pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:15pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Anthony Rivera
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Bladen Instrument Location Bladen County Sheriffs Dept.

Instrument Serial No. 8818

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: *008818*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG106701
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	2:08pm
AIR BLK	.00	2:09pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	**.00**	**2:11pm**
AIR BLK	.00	2:12pm
SUB TEST	**.00**	**2:13pm**
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: *008818* Test Record Number: *429*
Test Date: *02/06/2012* Test Time: *2:16pm EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:17pm

CRC Tests

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance
Status: Pass

Anthony Rivera
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 Bladen Instrument Location Bladen County Sheriffs Dept.

Instrument Serial No. 8894

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: *008894*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG108202
Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:07pm
AIR BLK	.00	2:08pm
ACCY CHK	.07	2:09pm
AIR BLK	.00	2:10pm
SUB TEST	**.00**	**2:11pm**
AIR BLK	.00	2:12pm
SUB TEST	**.00**	**2:13pm**
AIR BLK	.00	2:14pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: *008894* Test Record Number: *515*
Test Date: *02/06/2012* Test Time: *2:17pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	2:17pm
SRC	Pass	2:17pm
DET	Pass	2:17pm
BAR	Pass	2:17pm
BT	Pass	2:17pm

Blank Tests

Test	Status	Time
AIR	Pass	2:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:18pm

CRC Tests

Test	Status	Time
COMP	Pass	2:18pm
CAL	Pass	2:18pm

Preventive Maintenance
Status: Pass

Anthony Rivera
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 Sampson Instrument Location Sampson County Sheriffs Dept.

Instrument Serial No. 8877

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

63c
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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: *008877*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG106701
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	12:55pm
AIR BLK	.00	12:56pm
ACCY CHK	.08	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	**.00**	**12:58pm**
AIR BLK	.00	12:59pm
SUB TEST	**.00**	**1:01pm**
AIR BLK	.00	1:02pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: *008877* Test Record Number: *962*
Test Date: *02/06/2012* Test Time: *1:04pm EST*

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	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance
Status: Pass

Anthony Rivera

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Sampson Instrument Location Sampson County Sheriffs Dept.

Instrument Serial No. 8825

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: *008825*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG106701
Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	12:56pm
AIR BLK	.00	12:57pm
ACCY CHK	.07	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	**.00**	**12:59pm**
AIR BLK	.00	1:00pm
SUB TEST	**.00**	**1:01pm**
AIR BLK	.00	1:02pm

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
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Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: *008825* Test Record Number: *1308*
Test Date: *02/06/2012* Test Time: *1:04pm EST*

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	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm

CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance
Status: Pass

Anthony Rausch
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 Duplin Instrument Location Warsaw

Instrument Serial No. 8874 Police Dept.

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 February, 20 12 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

Anthony Rivera
Signature of Certifying Official

634
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

DUPLIN COUNTY WARSAW PD 300

Serial Number: *008874*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	12:10pm
AIR BLK	.00	12:11pm
ACCY CHK	.08	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	**.00**	**12:13pm**
AIR BLK	.00	12:14pm
SUB TEST	**.00**	**12:15pm**
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

DUPLIN COUNTY WARSAW PD 300

Serial Number: *008874* Test Record Number: *238*
Test Date: *02/06/2012* Test Time: *12:17pm EST*

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	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Anthony Rumer
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 Duplin Instrument Location Duplin County Sheriffs Dept

Instrument Serial No. 8864

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 February, 20 12 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.

Anthony Rivera
Signature of Certifying Official

634
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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: *008864*
Test Date: *02/06/2012*

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

Analyst's Name: *RIVERA, ANTHONY*
Permit Number: *08259E*
Effective:
08/01/2011-08/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.08	11:32am
AIR BLK	.00	11:33am
SUB TEST	**.00**	**11:34am**
AIR BLK	.00	11:35am
SUB TEST	**.00**	**11:36am**
AIR BLK	.00	11:37am

Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
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

DUPLIN COUNTY DUPLIN CO SD 300

Serial Number: *008864* Test Record Number: *1393*
Test Date: *02/06/2012* Test Time: *11:38am EST*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test	Status	Time
PRNT	Pass	11:40am

CRC Tests

Test	Status	Time
COMP	Pass	11:40am
CAL	Pass	11:40am

Preventive Maintenance
Status: Pass

Anthony Rivera
Analyst

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