DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Avery Instrument Location Banner Elk PD

Instrument Serial No. 008224 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 29 day of July, 2016 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: *07/29/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	4:21pm
AIR BLK	.00	4:22pm
ACCY CHK	.08	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	**.00**	**4:24pm**
AIR BLK	.00	4:25pm
SUB TEST	**.00**	**4:27pm**
AIR BLK	.00	4:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

AVERY COUNTY BANNER ELK PD 050

Serial Number: *008724* Test Record Number: *472*
Test Date: *07/29/2016* Test Time: *4:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BT	Pass	4:29pm

Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm

CRC Tests

Test	Status	Time
COMP	Pass	4:30pm
CAL	Pass	4:30pm

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Beaufort Instrument Location Belhaven PD

Instrument Serial No. 008928 Belhaven, 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 22nd day of July, 2016 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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: *008928*
Test Date: *07/22/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:02pm
ACCY CHK	.08	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	**.00**	**3:04pm**
AIR BLK	.00	3:05pm
SUB TEST	**.00**	**3:07pm**
AIR BLK	.00	3:07pm

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
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Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: *008928* Test Record Number: *301*
Test Date: *07/22/2016* Test Time: *3:08pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:08pm
FLO	Pass	3:08pm
FC	Pass	3:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:09pm
SRC	Pass	3:09pm
DET	Pass	3:09pm
BAR	Pass	3:09pm
BT	Pass	3:09pm

Blank Tests

Test	Status	Time
AIR	Pass	3:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:09pm

CRC Tests

Test	Status	Time
COMP	Pass	3:09pm
CAL	Pass	3:09pm

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 BRUNSWICK Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008616 SHALLOTTE, NC

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

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

I certify that on the 29 day of JULY, 2016 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

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: *008616*
Test Date: *07/29/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:46pm
AIR BLK	.00	10:47pm
ACCY CHK	.07	10:48pm
AIR BLK	.00	10:48pm
SUB TEST	**.00**	**10:49pm**
AIR BLK	.00	10:50pm
SUB TEST	**.00**	**10:52pm**
AIR BLK	.00	10:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: *008616* Test Record Number: *2238*
Test Date: *07/29/2016* Test Time: *10:53pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:54pm
FLO	Pass	10:54pm
FC	Pass	10:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:54pm
SRC	Pass	10:54pm
DET	Pass	10:54pm
BAR	Pass	10:54pm
BT	Pass	10:54pm

Blank Tests

Test	Status	Time
AIR	Pass	10:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:54pm

CRC Tests

Test	Status	Time
COMP	Pass	10:54pm
CAL	Pass	10:54pm

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 BRUNSWICK Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008704 CHALLOTTE, NC

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

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

I certify that on the 29 day of JULY, 2016 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

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: *008704*
Test Date: *07/29/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:07pm
AIR BLK	.00	9:08pm
ACCY CHK	.07	9:08pm
AIR BLK	.00	9:09pm
SUB TEST	**.00**	**9:10pm**
AIR BLK	.00	9:11pm
SUB TEST	**.00**	**9:12pm**
AIR BLK	.00	9:13pm

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

BRUNSWICK COUNTY BAT MOBILE UNIT 9 090

Serial Number: *008704* Test Record Number: *404*
Test Date: *07/29/2016* Test Time: *9:18pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
BT	Pass	9:19pm

Blank Tests

Test	Status	Time
AIR	Pass	9:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:19pm

CRC Tests

Test	Status	Time
COMP	Pass	9:20pm
CAL	Pass	9:20pm

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 Buncombe Instrument Location Buncombe Co. Jail

Instrument Serial No. 008808 Asheville, NC

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

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

I certify that on the 18 day of July, 2016 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.

Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: *008808*
Test Date: *07/18/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG607601
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	3:45pm
AIR BLK	.00	3:45pm
ACCY CHK	.07	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	**.00**	**3:47pm**
AIR BLK	.00	3:48pm
SUB TEST	**.00**	**3:50pm**
AIR BLK	.00	3:50pm

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
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Intox EC/IR-II: Preventive Maintenance

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: *008808* Test Record Number: *1036*
Test Date: *07/18/2016* Test Time: *3:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:51pm
FLO	Pass	3:51pm
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	3:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:52pm

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
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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 Burke · Catawba Jail

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 20 day of July, 2016 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 BURKE-CATAWBA JAIL 110

Serial Number: *008831*
Test Date: *07/20/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG513101
Exp Date: 05/11/2017

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

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: *008831* Test Record Number: *1657*
Test Date: *07/20/2016* Test Time: *9:08am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:09am

Printer Tests

Test	Status	Time
PRNT	Pass	9:09am

CRC Tests

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

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 Burke Instrument Location Burke-Catawba Jail

Instrument Serial No. 008904 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 20 day of July, 2016 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 BURKE-CATAWBA JAIL 110

Serial Number: *008904*
Test Date: *07/20/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG434201
Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	8:59am
AIR BLK	.00	9:00am
ACCY CHK	.08	9:01am
AIR BLK	.00	9:02am
SUB TEST	**.00**	**9:02am**
AIR BLK	.00	9:03am
SUB TEST	**.00**	**9:05am**
AIR BLK	.00	9:06am

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: *008904* Test Record Number: *1865*
Test Date: *07/20/2016* Test Time: *9:06am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:07am
FLO	Pass	9:07am
FC	Pass	9:07am

Temperature Tests

Test	Status	Time
FC1	Pass	9:07am
SRC	Pass	9:07am
DET	Pass	9:07am
BAR	Pass	9:07am
BT	Pass	9:07am

Blank Tests

Test	Status	Time
AIR	Pass	9:07am

Printer Tests

Test	Status	Time
PRNT	Pass	9:08am

CRC Tests

Test	Status	Time
COMP	Pass	9:08am
CAL	Pass	9:08am

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 9

Instrument Serial No. 008616 EMERALD ISLE, 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 JULY, 2016 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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008616*
Test Date: *07/09/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	12:29pm
AIR BLK	.00	12:30pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	**.00**	**12:33pm**
AIR BLK	.00	12:34pm
SUB TEST	**.00**	**12:35pm**
AIR BLK	.00	12:36pm

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

CARTERET COUNTY BAT MOBILE UNIT 9 150

Serial Number: *008616* Test Record Number: *2235*
Test Date: *07/09/2016* Test Time: *12:44pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:46pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:46pm

CRC Tests

Test	Status	Time
COMP	Pass	12:46pm
CAL	Pass	12:46pm

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 CHATHAM Instrument Location CHATHAM Co. JAIL

Instrument Serial No. 008591 PITTSBORO, NC

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

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

I certify that on the 11 day of July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

371
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

CHATHAM COUNTY JAIL 180

Serial Number: *008591*
Test Date: *07/11/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG434901
Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	5:06pm
AIR BLK	.00	5:06pm
ACCY CHK	.07	5:07pm
AIR BLK	.00	5:08pm
SUB TEST	**.00**	**5:09pm**
AIR BLK	.00	5:10pm
SUB TEST	**.00**	**5:11pm**
AIR BLK	.00	5:12pm

Reported AC: .00 g/210L

L H Russell

Signature of Chemical Analyst

Court CVR

L H Russell

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

CHATHAM COUNTY JAIL 180

Serial Number: *008591* Test Record Number: *1734*
Test Date: *07/11/2016* Test Time: *5:13pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	5:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:14pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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 Clay Instrument Location Clay Co. Jail

Instrument Serial No. 008608 Hayesville, NC

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

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

I certify that on the 18 day of July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: *008608*
Test Date: *07/18/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	10:51am
AIR BLK	.00	10:52am
ACCY CHK	.07	10:52am
AIR BLK	.00	10:53am
SUB TEST	**.00**	**10:54am**
AIR BLK	.00	10:55am
SUB TEST	**.00**	**10:56am**
AIR BLK	.00	10:57am

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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: *008608* Test Record Number: *1120*
Test Date: *07/18/2016* Test Time: *10:59am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test	Status	Time
PRNT	Pass	11:00am

CRC Tests

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

Preventive Maintenance
Status: Pass

David R. Cutbu

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 FT. BRAGG

Instrument Serial No. 008923 P.M.D.

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

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

I certify that on the 12 day of July, 20 16 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: *008903*
Test Date: *07/12/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG507902
Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.08	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	**.00**	**3:06pm**
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:09pm**
AIR BLK	.00	3:10pm

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

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: *008903* Test Record Number: *1673*
Test Date: *07/12/2016* Test Time: *3:16pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

CRC Tests

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance
Status: Pass

Analyst

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

Instrument Serial No. 008787 P.M.O.

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

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

I certify that on the 12 day of JULY, 20 16 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 CO. FORT BRAGG LEC. 250

Serial Number: *008787*
Test Date: *07/12/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG517402
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	2:55pm
AIR BLK	.00	2:55pm
ACCY CHK	.07	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	**.00**	**2:58pm**
AIR BLK	.00	2:59pm
SUB TEST	**.00**	**3:00pm**
AIR BLK	.00	3:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND CO. FORT BRAGG LEC. 250

Serial Number: *008787* Test Record Number: *577*
Test Date: *07/12/2016* Test Time: *3:03pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:03pm
FLO	Pass	3:03pm
FC	Pass	3:04pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm

CRC Tests

Test	Status	Time
COMP	Pass	3:05pm
CAL	Pass	3:05pm

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 7

Instrument Serial No. 008972

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 2nd day of July, 2016 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

659
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 BAT MOBILE UNIT 7 280

Serial Number: *008972*
Test Date: *07/02/2016*

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

Analyst's Name: *INGLE, LARRY W*
Permit Number: *7281E*
Effective:
02/01/2016-02/01/2018

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	4:13pm
AIR BLK	.00	4:14pm
ACCY CHK	.07	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	**.00**	**4:16pm**
AIR BLK	.00	4:17pm
SUB TEST	**.00**	**4:18pm**
AIR BLK	.00	4:19pm

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

DAVIDSON BAT MOBILE UNIT 7 280

Serial Number: *008972* Test Record Number: *221*
Test Date: *07/02/2016* Test Time: *4:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:23pm
FLO	Pass	4:23pm
FC	Pass	4:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:23pm
SRC	Pass	4:23pm
DET	Pass	4:23pm
BAR	Pass	4:23pm
BT	Pass	4:23pm

Blank Tests

Test	Status	Time
AIR	Pass	4:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:24pm

CRC Tests

Test	Status	Time
COMP	Pass	4:24pm
CAL	Pass	4:24pm

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Edgecombe Instrument Location Edgecombe Co. Magistrate's

Instrument Serial No. D086603 Office, 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 27th day of July, 2016 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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: *008663*
Test Date: *07/27/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG607501
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	10:38am
AIR BLK	.00	10:38am
ACCY CHK	.08	10:39am
AIR BLK	.00	10:40am
SUB TEST	**.00**	**10:40am**
AIR BLK	.00	10:41am
SUB TEST	**.00**	**10:43am**
AIR BLK	.00	10:44am

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
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: *008663* Test Record Number: *2564*
Test Date: *07/27/2016* Test Time: *10:46am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:47am
FLO	Pass	10:47am
FC	Pass	10:47am

Temperature Tests

Test	Status	Time
FC1	Pass	10:47am
SRC	Pass	10:47am
DET	Pass	10:47am
BAR	Pass	10:47am
BT	Pass	10:47am

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	10:48am
CAL	Pass	10:48am

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Edgecombe Instrument Location Edgecombe Co. Magistrate's Office, 300 S. Anaconda Rd, Tarboro, N.C.

Instrument Serial No. 008603

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 July, 2016 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

6V3
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: *008603*
Test Date: *07/27/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG513101
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:02am
AIR BLK	.00	10:02am
ACCY CHK	.07	10:03am
AIR BLK	.00	10:04am
SUB TEST	**.00**	**10:05am**
AIR BLK	.00	10:06am
SUB TEST	**.00**	**10:07am**
AIR BLK	.00	10:08am

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: *1535*
Test Date: *07/27/2016* Test Time: *10:12am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

Test	Status	Time
PRNT	Pass	10:14am

CRC Tests

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

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 Forsyth Instrument Location Forsyth County Detention Center

Instrument Serial No. 008925 Winston-Salem, 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 12 day of July, 2016 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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: *008925*
Test Date: *07/12/2016*

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

Analyst's Name: *BENFIELD II, KENNETH R*
Permit Number: *22067E*
Effective:
09/01/2014-09/01/2016

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

Lot Number: AG607602
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:15am
ACCY CHK	.08	10:16am
AIR BLK	.00	10:17am
SUB TEST	**.00**	**10:18am**
AIR BLK	.00	10:19am
SUB TEST	**.00**	**10:21am**
AIR BLK	.00	10:22am

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: *008925* Test Record Number: *1339*
Test Date: *07/12/2016* Test Time: *10:23am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:24am

Printer Tests

Test	Status	Time
PRNT	Pass	10:24am

CRC Tests

Test	Status	Time
COMP	Pass	10:24am
CAL	Pass	10:24am

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 FORSYTH Instrument Location BAT MOBILE 7

Instrument Serial No. 008968

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

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

I certify that on the 15 day of July, 2016 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

659
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

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: *008968*
Test Date: *07/15/2016*

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

Analyst's Name: *INGLE, LARRY W*
Permit Number: *7281E*
Effective:
02/01/2016-02/01/2018

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.07	9:14pm
AIR BLK	.00	9:14pm
SUB TEST	**.00**	**9:15pm**
AIR BLK	.00	9:16pm
SUB TEST	**.00**	**9:17pm**
AIR BLK	.00	9:18pm

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

FORSYTH BAT MOBILE UNIT 7 330

Serial Number: *008968* Test Record Number: *180*
Test Date: *07/15/2016* Test Time: *9:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:20pm
FLO	Pass	9:20pm
FC	Pass	9:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:20pm
SRC	Pass	9:20pm
DET	Pass	9:20pm
BAR	Pass	9:20pm
BT	Pass	9:20pm

Blank Tests

Test	Status	Time
AIR	Pass	9:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:21pm

CRC Tests

Test	Status	Time
COMP	Pass	9:21pm
CAL	Pass	9:21pm

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GASTON Instrument Location BAT MOBILE 7

Instrument Serial No. 008969

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

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

I certify that on the 8th day of July, 2016 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

659
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 BAT MOBILE UNIT 7 350

Serial Number: *008969*
Test Date: *07/08/2016*

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

Analyst's Name: *INGLE, LARRY W*
Permit Number: *7281E*
Effective:
02/01/2016-02/01/2018

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	9:56pm
AIR BLK	.00	9:57pm
ACCY CHK	.08	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	**.00**	**9:59pm**
AIR BLK	.00	10:00pm
SUB TEST	**.00**	**10:01pm**
AIR BLK	.00	10:02pm

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
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Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 7 350

Serial Number: *008969* Test Record Number: *177*
Test Date: *07/08/2016* Test Time: *10:04pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm
SRC	Pass	10:04pm
DET	Pass	10:04pm
BAR	Pass	10:04pm
BT	Pass	10:04pm

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm

CRC Tests

Test	Status	Time
COMP	Pass	10:05pm
CAL	Pass	10:05pm

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 BAT MOBILE 7

Instrument Serial No. 008971

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

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

I certify that on the 8th day of July, 2016 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

659
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 BAT MOBILE UNIT 7 350

Serial Number: *008971*
Test Date: *07/08/2016*

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

Analyst's Name: *INGLE, LARRY W*
Permit Number: *7281E*
Effective:
02/01/2016-02/01/2018

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	9:52pm
AIR BLK	.00	9:53pm
ACCY CHK	.07	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	**.00**	**9:55pm**
AIR BLK	.00	9:56pm
SUB TEST	**.00**	**9:58pm**
AIR BLK	.00	9:59pm

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

GASTON BAT MOBILE UNIT 7 350

Serial Number: *008971* Test Record Number: *121*
Test Date: *07/08/2016* Test Time: *10:01pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm

CRC Tests

Test	Status	Time
COMP	Pass	10:02pm
CAL	Pass	10:02pm

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 Graham Instrument Location Graham Co. S.O.

Instrument Serial No. 008915 Robbinsville, NC

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

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

I certify that on the 15 day of July, 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: *008915*
Test Date: *07/15/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG513101
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK	.00	12:36pm
ACCY CHK	.08	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	**.00**	**12:38pm**
AIR BLK	.00	12:39pm
SUB TEST	**.00**	**12:40pm**
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: *008915* Test Record Number: *675*
Test Date: *07/15/2016* Test Time: *12:46pm*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:46pm
FLO	Pass	12:46pm
FC	Pass	12:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:46pm
SRC	Pass	12:46pm
DET	Pass	12:46pm
BAR	Pass	12:46pm
BT	Pass	12:46pm

Blank Tests

Test	Status	Time
AIR	Pass	12:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:47pm

CRC Tests

Test	Status	Time
COMP	Pass	12:47pm
CAL	Pass	12:47pm

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 GRANVILLE Instrument Location CREEDMOOR PD

Instrument Serial No. 008641 111 MASONIC ST. CREEDMOOR, 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 JULY, 20 16 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

637
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: *008641*
Test Date: *07/27/2016*

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

Analyst's Name: *SMITH, BRIAN D*
Permit Number: *8937E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG434201
Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	1:12pm
AIR BLK	.00	1:13pm
ACCY CHK	.07	1:13pm
AIR BLK	.00	1:14pm
SUB TEST	**.00**	**1:15pm**
AIR BLK	.00	1:16pm
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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: *008641* Test Record Number: *898*
Test Date: *07/27/2016* Test Time: *1:23pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GRANVILLE Instrument Location OXFORD PD

Instrument Serial No. 008923 204 E. McCLANAHAN ST. OXFORD, 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 JULY, 2016 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

637
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: *008923*
Test Date: *07/27/2016*

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

Analyst's Name: *SMITH, BRIAN D*
Permit Number: *8937E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG525303
Exp Date: 09/10/2017

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

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
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

GRANVILLE COUNTY OXFORD PD 380

Serial Number: *008923* Test Record Number: *1393*
Test Date: *07/27/2016* Test Time: *10:38am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:38am
FLO	Pass	10:38am
FC	Pass	10:38am

Temperature Tests

Test	Status	Time
FC1	Pass	10:38am
SRC	Pass	10:38am
DET	Pass	10:38am
BAR	Pass	10:38am
BT	Pass	10:38am

Blank Tests

Test	Status	Time
AIR	Pass	10:39am

Printer Tests

Test	Status	Time
PRNT	Pass	10:39am

CRC Tests

Test	Status	Time
COMP	Pass	10:39am
CAL	Pass	10:39am

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 Greene Instrument Location Greene Co. S.O.

Instrument Serial No. 008670 301 W. Greene St., Snow Hill, 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 18th day of July, 2016 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

641
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

GREENE COUNTY GREENE CO SO 390

Serial Number: *008670*
Test Date: *07/18/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG513103
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:50pm**
AIR BLK	.00	2:51pm
SUB TEST	**.00**	**2:53pm**
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

GREENE COUNTY GREENE CO SO 390

Serial Number: *008670* Test Record Number: *1597*
Test Date: *07/18/2016* Test Time: *2:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:55pm

CRC Tests

Test	Status	Time
COMP	Pass	2:56pm
CAL	Pass	2:56pm

Preventive Maintenance
Status: Pass

Linda A. Keel
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location Bat Mobile Unit 10

Instrument Serial No 0086086 UNC-G Greensboro

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 July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Donya B Skinner — Signature of Certifying Official

644 — Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: *008686*
Test Date: *06/17/2016*

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

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	11:02pm
AIR BLK	.00	11:03pm
ACCY CHK	.07	11:03pm
AIR BLK	.00	11:04pm
SUB TEST	**.00**	**11:05pm**
AIR BLK	.00	11:05pm
SUB TEST	**.00**	**11:08pm**
AIR BLK	.00	11:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tonya B Skinner

Analyst

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

Intox EC/IR-II: Preventive Maintenance

GUILFORD COUNTY BAT MOBILE UNIT 10 400

Serial Number: *008686* Test Record Number: *6393*
Test Date: *06/17/2016* Test Time: *11:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:12pm
FLO	Pass	11:12pm
FC	Pass	11:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:13pm
SRC	Pass	11:13pm
DET	Pass	11:13pm
BAR	Pass	11:13pm
BT	Pass	11:13pm

Blank Tests

Test	Status	Time
AIR	Pass	11:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:13pm

CRC Tests

Test	Status	Time
COMP	Pass	11:14pm
CAL	Pass	11:14pm

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
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Harnett Instrument Location BAT Mobile Unit 8

Instrument Serial No. 208816 Dunn P.D.

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

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

I certify that on the 15 day of July, 20 16 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

HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: *008816* Test Record Number: *7240*
Test Date: *07/15/2016* Test Time: *8:58pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:58pm
FLO	Pass	8:58pm
FC	Pass	8:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:59pm
SRC	Pass	8:59pm
DET	Pass	8:59pm
BAR	Pass	8:59pm
BT	Pass	8:59pm

Blank Tests

Test	Status	Time
AIR	Pass	8:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:59pm

CRC Tests

Test	Status	Time
COMP	Pass	8:59pm
CAL	Pass	8:59pm

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
Rev. 12/2007

Intox EC/IR-II: Subject Test

HARNETT COUNTY BAT MOBILE UNIT 8 420

Serial Number: *008816*
Test Date: *07/15/2016*

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

Analyst's Name: *SMITH, JASON R*
Permit Number: *19145E*
Effective:
03/01/2016-03/01/2018

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

Lot Number: AG517403
Exp Date: 06/23/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County HOKE Instrument Location HOKE Co. DETENTION CTR

Instrument Serial No. 008855 RAEFORD, 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 28 day of JULY, 2016 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008855*
Test Date: *07/28/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	5:25pm
AIR BLK	.00	5:25pm
ACCY CHK	.07	5:26pm
AIR BLK	.00	5:27pm
SUB TEST	**.00**	**5:27pm**
AIR BLK	.00	5:28pm
SUB TEST	**.00**	**5:30pm**
AIR BLK	.00	5:31pm

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008855* Test Record Number: *1166*
Test Date: *07/28/2016* Test Time: *5:32pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	5:32pm
SRC	Pass	5:32pm
DET	Pass	5:32pm
BAR	Pass	5:32pm
BT	Pass	5:32pm

Blank Tests

Test	Status	Time
AIR	Pass	5:33pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:33pm

CRC Tests

Test	Status	Time
COMP	Pass	5:33pm
CAL	Pass	5:33pm

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

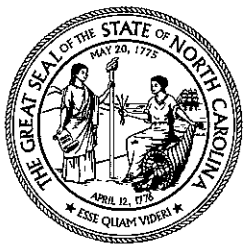
County HOKE Instrument Location HOKE CO. DETENTION CTR.

Instrument Serial No. 008852 RAEFORD, 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 28 day of JULY, 20 16 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008852*
Test Date: *07/28/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG434901
Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	5:14pm
AIR BLK	.00	5:15pm
ACCY CHK	.07	5:16pm
AIR BLK	.00	5:17pm
SUB TEST	**.00**	**5:17pm**
AIR BLK	.00	5:18pm
SUB TEST	**.00**	**5:20pm**
AIR BLK	.00	5:21pm

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008852* Test Record Number: *794*
Test Date: *07/28/2016* Test Time: *5:21pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	5:22pm
FLO	Pass	5:22pm
FC	Pass	5:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:22pm
SRC	Pass	5:22pm
DET	Pass	5:22pm
BAR	Pass	5:22pm
BT	Pass	5:22pm

Blank Tests

Test	Status	Time
AIR	Pass	5:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:23pm

CRC Tests

Test	Status	Time
COMP	Pass	5:23pm
CAL	Pass	5:23pm

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 HOKE Instrument Location HOKE COUNTY DET. CENTER

Instrument Serial No. 008863 RAEFORD, 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 06 day of JULY, 20 16 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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008863*
Test Date: *07/06/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	11:33am
AIR BLK	.00	11:34am
ACCY CHK	.07	11:35am
AIR BLK	.00	11:36am
SUB TEST	**.00**	**11:36am**
AIR BLK	.00	11:37am
SUB TEST	**.00**	**11:39am**
AIR BLK	.00	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008863* Test Record Number: *362*
Test Date: *07/06/2016* Test Time: *11:40am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:41am

Printer Tests

Test	Status	Time
PRNT	Pass	11:42am

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Hoke Co. Instrument Location Hoke Co. Detention Ctr.

Instrument Serial No. 008850 Raeford 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 6TH day of July, 2016 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

654
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

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008850*
Test Date: *07/06/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2016-02/01/2018

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

Lot Number: AG434901
Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	11:30am
AIR BLK	.00	11:31am
ACCY CHK	.07	11:31am
AIR BLK	.00	11:32am
SUB TEST	**.00**	**11:33am**
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
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

HOKE COUNTY DETENTION CENTER 460

Serial Number: *008850* Test Record Number: *596*
Test Date: *07/06/2016* Test Time: *11:37am EDT*

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
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Hertford Instrument Location Ahoskie P.D.

Instrument Serial No. 008848 705 W. Main St., Ahoskie, 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 July, 2016 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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: *008848*
Test Date: *07/28/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:56am
AIR BLK	.00	9:57am
ACCY CHK	.08	9:58am
AIR BLK	.00	9:59am
SUB TEST	**.00**	**9:59am**
AIR BLK	.00	10:00am
SUB TEST	**.00**	**10:02am**
AIR BLK	.00	10:02am

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

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: *008848* Test Record Number: *1202*
Test Date: *07/28/2016* Test Time: *10:04am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:04am
FLO	Pass	10:04am
FC	Pass	10:04am

Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
BT	Pass	10:05am

Blank Tests

Test	Status	Time
AIR	Pass	10:05am

Printer Tests

Test	Status	Time
PRNT	Pass	10:05am

CRC Tests

Test	Status	Time
COMP	Pass	10:05am
CAL	Pass	10:05am

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 Hertford Instrument Location Murfreesboro, P.D.

Instrument Serial No. D089D6 115 E. Broad St., Murfreesboro, 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 20th day of July, 2016 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. Kearl
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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: *008906*
Test Date: *07/20/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG513103
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:42pm
AIR BLK	.00	2:43pm
ACCY CHK	.07	2:44pm
AIR BLK	.00	2:45pm
SUB TEST	**.00**	**2:45pm**
AIR BLK	.00	2:46pm
SUB TEST	**.00**	**2:48pm**
AIR BLK	.00	2:49pm

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: *008906* Test Record Number: *559*
Test Date: *07/20/2016* Test Time: *2:52pm EDT*

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	2:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:53pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Linda A. Keen

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 Bat mobile Unit 1

Instrument Serial No. 008973

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 July, 20 16 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

658
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 BAT MOBILE UNIT 11 480

Serial Number: *008973*
Test Date: *07/02/2016*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	3:03pm
AIR BLK	.00	3:04pm
ACCY CHK	.08	3:05pm
AIR BLK	.00	3:05pm
SUB TEST	**.00**	**3:06pm**
AIR BLK	.00	3:07pm
SUB TEST	**.00**	**3:08pm**
AIR BLK	.00	3:09pm

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 BAT MOBILE UNIT 11 480

Serial Number: *008973* Test Record Number: *165*
Test Date: *07/02/2016* Test Time: *3:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:10pm
FLO	Pass	3:10pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:11pm

CRC Tests

Test	Status	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

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 Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008708 Sylva, NC

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

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

I certify that on the 8 day of July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: *008708*
Test Date: *07/08/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG534802
Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	10:15am
AIR BLK	.00	10:16am
ACCY CHK	.08	10:17am
AIR BLK	.00	10:17am
SUB TEST	**.00**	**10:18am**
AIR BLK	.00	10:19am
SUB TEST	**.00**	**10:20am**
AIR BLK	.00	10:21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: *008708* Test Record Number: *1116*
Test Date: *07/08/2016* Test Time: *10:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:24am
FLO	Pass	10:24am
FC	Pass	10:24am

Temperature Tests

Test	Status	Time
FC1	Pass	10:24am
SRC	Pass	10:24am
DET	Pass	10:24am
BAR	Pass	10:24am
BT	Pass	10:24am

Blank Tests

Test	Status	Time
AIR	Pass	10:25am

Printer Tests

Test	Status	Time
PRNT	Pass	10:25am

CRC Tests

Test	Status	Time
COMP	Pass	10:25am
CAL	Pass	10:25am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008722 Sylva, NC

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

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

I certify that on the 8 day of July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: *008722*
Test Date: *07/08/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG534802
Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	10:16am
AIR BLK	.00	10:17am
ACCY CHK	.08	10:18am
AIR BLK	.00	10:19am
SUB TEST	**.00**	**10:19am**
AIR BLK	.00	10:20am
SUB TEST	**.00**	**10:22am**
AIR BLK	.00	10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: *008722* Test Record Number: *857*
Test Date: *07/08/2016* Test Time: *10:24am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:24am
FLO	Pass	10:24am
FC	Pass	10:24am

Temperature Tests

Test	Status	Time
FC1	Pass	10:24am
SRC	Pass	10:24am
DET	Pass	10:24am
BAR	Pass	10:24am
BT	Pass	10:24am

Blank Tests

Test	Status	Time
AIR	Pass	10:25am

Printer Tests

Test	Status	Time
PRNT	Pass	10:25am

CRC Tests

Test	Status	Time
COMP	Pass	10:25am
CAL	Pass	10:25am

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 Johnston Co. Instrument Location Clayton Police Dept.

Instrument Serial No. 008658 Clayton 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 July, 2016 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

654
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 CLAYTON PD. 500

Serial Number: *008658*
Test Date: *07/27/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2016-02/01/2018

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	1:23pm
AIR BLK	.00	1:24pm
ACCY CHK	.08	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	**.00**	**1:26pm**
AIR BLK	.00	1:27pm
SUB TEST	**.00**	**1:28pm**
AIR BLK	.00	1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: *008658* Test Record Number: *1237*
Test Date: *07/27/2016* Test Time: *1:33pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:33pm
FC	Pass	1:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:33pm
SRC	Pass	1:33pm
DET	Pass	1:33pm
BAR	Pass	1:33pm
BT	Pass	1:33pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:34pm

CRC Tests

Test	Status	Time
COMP	Pass	1:34pm
CAL	Pass	1:34pm

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 Johnson Co. Instrument Location Johnson Co. Jail

Instrument Serial No. 00 88 46 Smithfield 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 5th day of July, 2016 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

654
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 JOHNSTON CO. JAIL 500
Serial Number: *008846*
Test Date: *07/05/2016*
Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2016-02/01/2018

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	11:59am
AIR BLK	.00	12:00pm
ACCY CHK	.07	12:00pm
AIR BLK	.00	12:01pm
SUB TEST	**.00**	**12:02pm**
AIR BLK	.00	12:03pm
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
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

JOHNSTON COUNTY JOHNSTON CO. JAIL 500
Serial Number: *008846* Test Record Number: *3915*
Test Date: *07/05/2016* Test Time: *12:06pm EDT*
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	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm

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
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 Johnson Co. Instrument Location Johnson Co. Jail

Instrument Serial No. 008810 Smithfield 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 5th day of July, 2016 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

654
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 JOHNSTON CO. JAIL 500

Serial Number: *008810*
Test Date: *07/05/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2016-02/01/2018

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	12:00pm
AIR BLK	.00	12:01pm
ACCY CHK	.08	12:01pm
AIR BLK	.00	12:03pm
SUB TEST	**.00**	**12:03pm**
AIR BLK	.00	12:04pm
SUB TEST	**.00**	**12:06pm**
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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: *008810* Test Record Number: *2291*
Test Date: *07/05/2016* Test Time: *12:07pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm

CRC Tests

Test	Status	Time
COMP	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
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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 Johnson Co. Instrument Location Selma Police Dept.

Instrument Serial No. 008595 Selma P.D., Selma 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 5th day of July, 2016 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

654
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 SELMA PD 500

Serial Number: *008595*
Test Date: *07/05/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2016-02/01/2018

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

Lot Number: AG434901
Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	10:59am
AIR BLK	.00	11:00am
ACCY CHK	.07	11:01am
AIR BLK	.00	11:02am
SUB TEST	**.00**	**11:02am**
AIR BLK	.00	11:03am
SUB TEST	**.00**	**11:05am**
AIR BLK	.00	11:05am

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

JOHNSTON COUNTY SELMA PD 500

Serial Number: *008595* Test Record Number: *1007*
Test Date: *07/05/2016* Test Time: *11:06am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:07am

Printer Tests

Test	Status	Time
PRNT	Pass	11:07am

CRC Tests

Test	Status	Time
COMP	Pass	11:07am
CAL	Pass	11:07am

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 LEE Instrument Location SANFORD POLICE DEPT.

Instrument Serial No. 008867 SANFORD, 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 07 day of July, 20 16 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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: *008867*
Test Date: *07/07/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: *6108E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG513103
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	.00	10:55am
ACCY CHK	.07	10:55am
AIR BLK	.00	10:56am
SUB TEST	**.00**	**10:57am**
AIR BLK	.00	10:58am
SUB TEST	**.00**	**10:59am**
AIR BLK	.00	11:00am

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

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: *008867* Test Record Number: *946*
Test Date: *07/07/2016* Test Time: *11:01am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:02am

Printer Tests

Test	Status	Time
PRNT	Pass	11:02am

CRC Tests

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

Preventive Maintenance
Status: Pass

Ryan Russell
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 Lenoir Instrument Location Kinston P.D.

Instrument Serial No. 008624 205 E. King St., Kinston, 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 July, 2016 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

LENOIR COUNTY KINSTON PD 530

Serial Number: *008624*
Test Date: *07/20/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG513103
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	1:42pm
AIR BLK	.00	1:43pm
ACCY CHK	.07	1:44pm
AIR BLK	.00	1:45pm
SUB TEST	**.00**	**1:46pm**
AIR BLK	.00	1:47pm
SUB TEST	**.00**	**1:48pm**
AIR BLK	.00	1:49pm

Reported AC: .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

LENOIR COUNTY KINSTON PD 530

Serial Number: *008624* Test Record Number: *1545*
Test Date: *07/20/2016* Test Time: *1:51pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:51pm
FLO	Pass	1:51pm
FC	Pass	1:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:51pm
SRC	Pass	1:51pm
DET	Pass	1:51pm
BAR	Pass	1:51pm
BT	Pass	1:51pm

Blank Tests

Test	Status	Time
AIR	Pass	1:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:52pm

CRC Tests

Test	Status	Time
COMP	Pass	1:52pm
CAL	Pass	1:52pm

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 Lenoir Instrument Location Lenoir Co. S.O.

Instrument Serial No. 008639 130 Queen St., Kinston, N.C.

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

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

I certify that on the 20th day of July, 2016 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

6243
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

LENOIR COUNTY LENOIR CO SO 530

Serial Number: *008639*
Test Date: *07/20/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG607501
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:19pm
ACCY CHK	.08	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm
SUB TEST	**.00**	**1:23pm**
AIR BLK	.00	1:24pm

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: *008639* Test Record Number: *2837*
Test Date: *07/20/2016* Test Time: *1:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:26pm
FLO	Pass	1:26pm
FC	Pass	1:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:26pm
SRC	Pass	1:26pm
DET	Pass	1:26pm
BAR	Pass	1:26pm
BT	Pass	1:26pm

Blank Tests

Test	Status	Time
AIR	Pass	1:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:27pm

CRC Tests

Test	Status	Time
COMP	Pass	1:27pm
CAL	Pass	1:27pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 Macon Instrument Location Macon Co. Magistrate

Instrument Serial No. 008795 Highlands, NC

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

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

I certify that on the 12 day of July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635.
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: *008795*
Test Date: *07/13/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	1:15pm
AIR BLK	.00	1:16pm
ACCY CHK	.07	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	**.00**	**1:18pm**
AIR BLK	.00	1:19pm
SUB TEST	**.00**	**1:21pm**
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daniel R. Cutler
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

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: *008795* Test Record Number: *393*
Test Date: *07/13/2016* Test Time: *1:22pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:23pm
SRC	Pass	1:23pm
DET	Pass	1:23pm
BAR	Pass	1:23pm
BT	Pass	1:23pm

Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:23pm

CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St, Williamston, 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 July, 2016 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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: *008912*
Test Date: *07/28/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG434901
Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	11:55am
AIR BLK	.00	11:56am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	**.00**	**11:59am**
AIR BLK	.00	12:00pm
SUB TEST	**.00**	**12:01pm**
AIR BLK	.00	12:02pm

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: *008912* Test Record Number: *1149*
Test Date: *07/28/2016* Test Time: *12:04pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	12:04pm
SRC	Pass	12:04pm
DET	Pass	12:04pm
BAR	Pass	12:04pm
BT	Pass	12:04pm

Blank Tests

Test	Status	Time
AIR	Pass	12:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:05pm

CRC Tests

Test	Status	Time
COMP	Pass	12:05pm
CAL	Pass	12:05pm

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 McDowell Instrument Location Mc Dowell Co. Jail

Instrument Serial No. 008888 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 27 day of July, 2016 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: *008888*
Test Date: *07/27/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG534802
Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.07	4:02pm
AIR BLK	.00	4:03pm
SUB TEST	**.00**	**4:04pm**
AIR BLK	.00	4:05pm
SUB TEST	**.00**	**4:06pm**
AIR BLK	.00	4:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MCDOWELL COUNTY JAIL 580

Serial Number: *008888* Test Record Number: *1389*
Test Date: *07/27/2016* Test Time: *4:08pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm

CRC Tests

Test	Status	Time
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 Mc Dowell 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 27 day of July, 2016 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.

Intox EC/IR-II: Subject Test

MCDOWELL COUNTY JAIL 580

Serial Number: *008892*
Test Date: *07/27/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG513101
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.07	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	**.00**	**4:04pm**
AIR BLK	.00	4:05pm
SUB TEST	**.00**	**4:07pm**
AIR BLK	.00	4:08pm

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
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Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: *008892* Test Record Number: *430*
Test Date: *07/27/2016* Test Time: *4:09pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	4:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm

CRC Tests

Test	Status	Time
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 11

Instrument Serial No. 008973

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 July, 20 16 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

658
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 BAT MOBILE UNIT 11 590

Serial Number: *008973*
Test Date: *07/03/2016*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK	.00	2:23pm
ACCY CHK	.08	2:24pm
AIR BLK	.00	2:24pm
SUB TEST	**.00**	**2:25pm**
AIR BLK	.00	2:26pm
SUB TEST	**.00**	**2:27pm**
AIR BLK	.00	2:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: *008973* Test Record Number: *169*
Test Date: *07/03/2016* Test Time: *2:29pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm

CRC Tests

Test	Status	Time
COMP	Pass	2:30pm
CAL	Pass	2:30pm

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Bat Mobile Unit 11

Instrument Serial No. 008970

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 July, 2014 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.

CM V Don
Signature of Certifying Official

658
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

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: *008970*
Test Date: *07/03/2016*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	2:19pm
AIR BLK	.00	2:20pm
ACCY CHK	.08	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	**.00**	**2:22pm**
AIR BLK	.00	2:23pm
SUB TEST	**.00**	**2:24pm**
AIR BLK	.00	2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MECKLENBURG BAT MOBILE UNIT 11 590

Serial Number: *008970* Test Record Number: *209*
Test Date: *07/03/2016* Test Time: *2:26pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:26pm
FLO	Pass	2:26pm
FC	Pass	2:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:26pm
SRC	Pass	2:26pm
DET	Pass	2:26pm
BAR	Pass	2:26pm
BT	Pass	2:26pm

Blank Tests

Test	Status	Time
AIR	Pass	2:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:27pm

CRC Tests

Test	Status	Time
COMP	Pass	2:27pm
CAL	Pass	2:27pm

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 Mecklenburg Instrument Location CMPD - LEC

Instrument Serial No. 008594 601 E. Trade St. Charlotte

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 July, 2016 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

656
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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: *008594* Test Record Number: *3345*
Test Date: *07/05/2016* Test Time: *10:16am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:17am
FLO	Pass	10:17am
FC	Pass	10:17am

Temperature Tests

Test	Status	Time
FC1	Pass	10:17am
SRC	Pass	10:17am
DET	Pass	10:17am
BAR	Pass	10:17am
BT	Pass	10:17am

Blank Tests

Test	Status	Time
AIR	Pass	10:18am

Printer Tests

Test	Status	Time
PRNT	Pass	10:18am

CRC Tests

Test	Status	Time
COMP	Pass	10:18am
CAL	Pass	10:18am

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: *008594*
Test Date: *07/05/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG534802
Exp Date: 12/14/2017

Test	g/210L	Time
DIAG	Pass	10:20am
AIR BLK	.00	10:21am
ACCY CHK	.07	10:22am
AIR BLK	.00	10:23am
SUB TEST	**.00**	**10:23am**
AIR BLK	.00	10:24am
SUB TEST	**.00**	**10:26am**
AIR BLK	.00	10:26am

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 Mecklenburg Instrument Location Mecklenburg County SD

Instrument Serial No. 008665 801 E. 4th St. Charlotte

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 July, 20 16 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

656
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

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: *008665* Test Record Number: *4031*
Test Date: *07/05/2016* Test Time: *9:36am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:37am
FLO	Pass	9:37am
FC	Pass	9:37am

Temperature Tests

Test	Status	Time
FC1	Pass	9:37am
SRC	Pass	9:37am
DET	Pass	9:37am
BAR	Pass	9:37am
BT	Pass	9:37am

Blank Tests

Test	Status	Time
AIR	Pass	9:38am

Printer Tests

Test	Status	Time
PRNT	Pass	9:38am

CRC Tests

Test	Status	Time
COMP	Pass	9:38am
CAL	Pass	9:38am

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

MECKLENBURG COUNTY SHERIFFS DEPARTMENT
590

Serial Number: 008665
Test Date: 07/05/2016

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG513102
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	9:49am
AIR BLK	.00	9:50am
ACCY CHK	.07	9:50am
AIR BLK	.00	9:51am
SUB TEST	**.00**	**9:52am**
AIR BLK	.00	9:53am
SUB TEST	**.00**	**9:54am**
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Mecklenburg County SD

Instrument Serial No. 008690 801 E. 4th St. Charlotte

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 July, 20 16 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

656
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

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: *008690* Test Record Number: *5281*
Test Date: *07/05/2016* Test Time: *9:38am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:38am
SRC	Pass	9:38am
DET	Pass	9:38am
BAR	Pass	9:38am
BT	Pass	9:38am

Blank Tests

Test	Status	Time
AIR	Pass	9:39am

Printer Tests

Test	Status	Time
PRNT	Pass	9:39am

CRC Tests

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

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

MECKLENBURG COUNTY SHERIFFS DEPARTMENT
590

Serial Number: *008690*
Test Date: *07/05/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG513102
Exp Date: 05/11/2017

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

Instrument Serial No. 008692 21440 Catawba Ave, Cornelius

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

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

I certify that on the 26th day of July, 2016 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

656
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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: *008692* Test Record Number: *2522*
Test Date: *07/26/2016* Test Time: *8:10pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:11pm
FLO	Pass	8:11pm
FC	Pass	8:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:11pm
SRC	Pass	8:11pm
DET	Pass	8:11pm
BAR	Pass	8:11pm
BT	Pass	8:11pm

Blank Tests

Test	Status	Time
AIR	Pass	8:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:12pm

CRC Tests

Test	Status	Time
COMP	Pass	8:12pm
CAL	Pass	8:12pm

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

MECKLENBURG COUNTY CORNELIUS PD 590

Serial Number: *008692*
Test Date: *07/26/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG513102
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	8:14pm
AIR BLK	.00	8:15pm
ACCY CHK	.07	8:16pm
AIR BLK	.00	8:17pm
SUB TEST	**.00**	**8:17pm**
AIR BLK	.00	8:18pm
SUB TEST	**.00**	**8:20pm**
AIR BLK	.00	8:21pm

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Huntersville PD

Instrument Serial No. 008747 9630 Julian Clarke Ave., Huntersville

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

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

I certify that on the 26th day of July, 20 16 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

656
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

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: *008747* Test Record Number: *2531*
Test Date: *07/26/2016* Test Time: *8:46pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	8:46pm
FLO	Pass	8:46pm
FC	Pass	8:47pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	8:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:47pm

CRC Tests

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

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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Intox EC/IR-II: Subject Test

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: *008747*
Test Date: *07/26/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG534901
Exp Date: 12/15/2017

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

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
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 7

Instrument Serial No. 008972

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

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

I certify that on the 8th day of July, 2016 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

659
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 BAT MOBILE UNIT 7 590

Serial Number: *008972*
Test Date: *07/08/2016*

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

Analyst's Name: *INGLE, LARRY W*
Permit Number: *7281E*
Effective:
02/01/2016-02/01/2018

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	10:21pm
AIR BLK	.00	10:22pm
ACCY CHK	.07	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	**.00**	**10:24pm**
AIR BLK	.00	10:25pm
SUB TEST	**.00**	**10:26pm**
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MECKLENBURG BAT MOBILE UNIT 7 590

Serial Number: *008972* Test Record Number: *224*
Test Date: *07/08/2016* Test Time: *10:28pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
BT	Pass	10:29pm

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm

CRC Tests

Test	Status	Time
COMP	Pass	10:30pm
CAL	Pass	10:30pm

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mitchell Instrument Location Spruce Pine PD

Instrument Serial No. 008726 Spruce Pine, 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 July, 2016 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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: *008726*
Test Date: *07/13/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG434901
Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	10:43am
AIR BLK	.00	10:44am
ACCY CHK	.08	10:44am
AIR BLK	.00	10:45am
SUB TEST	**.00**	**10:46am**
AIR BLK	.00	10:47am
SUB TEST	**.00**	**10:48am**
AIR BLK	.00	10:49am

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: *008726* Test Record Number: *823*
Test Date: *07/13/2016* Test Time: *10:50am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:51am

Printer Tests

Test	Status	Time
PRNT	Pass	10:51am

CRC Tests

Test	Status	Time
COMP	Pass	10:51am
CAL	Pass	10:51am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 BAT MOBILE UNIT 9

Instrument Serial No. 008647 WILMINGTON, 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 30 day of JULY, 2016 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008647*
Test Date: *07/30/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG434201
Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	9:27pm
AIR BLK	.00	9:28pm
ACCY CHK	.07	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	**.00**	**9:31pm**
AIR BLK	.00	9:31pm
SUB TEST	**.00**	**9:33pm**
AIR BLK	.00	9:34pm

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
Department of Health and Human Services
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Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008647* Test Record Number: *2248*
Test Date: *07/30/2016* Test Time: *9:38pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County NEW HANOVER Instrument Location BAT MOBILE UNIT 9

Instrument Serial No. 008707 WILMINGTON, 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 30 day of JULY, 2016 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

NEW HANOVER COUNTY BAT MOBILE UNIT 9
640

Serial Number: *008707*
Test Date: *07/30/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG534901
Exp Date: 12/15/2017

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 9 640

Serial Number: *008707* Test Record Number: *2329*
Test Date: *07/30/2016* Test Time: *9:13pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:14pm
SRC	Pass	9:14pm
DET	Pass	9:14pm
BAR	Pass	9:14pm
BT	Pass	9:14pm

Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm

CRC Tests

Test	Status	Time
COMP	Pass	9:15pm
CAL	Pass	9:15pm

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. D08921 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 20th day of July, 2016 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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: *008921*
Test Date: *07/20/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG513101
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	12:43pm
AIR BLK	.00	12:44pm
ACCY CHK	.08	12:45pm
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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: *008921* Test Record Number: *637*
Test Date: *07/20/2016* Test Time: *12:52pm EDT*

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
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Randolph Instrument Location Archdale

Instrument Serial No. 008791 Police Department

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

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

I certify that on the 5 day of July, 20 16 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: *008791*
Test Date: *07/05/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG507902
Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	11:46am
AIR BLK	.00	11:47am
ACCY CHK	.08	11:47am
AIR BLK	.00	11:48am
SUB TEST	**.00**	**11:49am**
AIR BLK	.00	11:50am
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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: *008791* Test Record Number: *1127*
Test Date: *07/05/2016* Test Time: *11:55am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	11:55am
FLO	Pass	11:55am
FC	Pass	11:55am

Temperature Tests

Test	Status	Time
FC1	Pass	11:55am
SRC	Pass	11:55am
DET	Pass	11:55am
BAR	Pass	11:55am
BT	Pass	11:55am

Blank Tests

Test	Status	Time
AIR	Pass	11:56am

Printer Tests

Test	Status	Time
PRNT	Pass	11:56am

CRC Tests

Test	Status	Time
COMP	Pass	11:56am
CAL	Pass	11:56am

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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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 BAT MOBILE UNIT 4

Instrument Serial No. 008871 RANDLEMAN

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 JULY, 2016 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

6601
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: *008871*
Test Date: *07/09/2016*

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

Analyst's Name: *SMITH, JOCK B*
Permit Number: *20630E*
Effective:
05/01/2016-05/01/2018

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

Lot Number: AG607501
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	8:58pm
AIR BLK	.00	8:59pm
ACCY CHK	.08	8:59pm
AIR BLK	.00	9:00pm
SUB TEST	**.00**	**9:01pm**
AIR BLK	.00	9:02pm
SUB TEST	**.00**	**9:04pm**
AIR BLK	.00	9:05pm

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

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: *008871* Test Record Number: *849*
Test Date: *07/09/2016* Test Time: *9:11pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm

CRC Tests

Test	Status	Time
COMP	Pass	9:13pm
CAL	Pass	9:13pm

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 BAT MOBILE UNIT 4

Instrument Serial No. 008717 RANDLEMAN

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 July, 2016 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

661
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 4 750

Serial Number: *008717*
Test Date: *07/09/2016*

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

Analyst's Name: *SMITH, JOCK B*
Permit Number: *20630E*
Effective:
05/01/2016-05/01/2018

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

Lot Number: AG607601
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	8:56pm
AIR BLK	.00	8:57pm
ACCY CHK	.08	8:57pm
AIR BLK	.00	8:58pm
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

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 BAT MOBILE UNIT 4 750

Serial Number: *008717* Test Record Number: *521*
Test Date: *07/09/2016* Test Time: *9:05pm EDT*

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
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 ROBENSON Instrument Location BAT MOBILE UNIT 10

Instrument Serial No. 008580 PEMBROKE

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 JULY, 2016 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

6661
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

ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: *008580*
Test Date: *07/02/2016*

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

Analyst's Name: *SMITH, JOCK B*
Permit Number: *20630E*
Effective:
05/01/2016-05/01/2018

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

Lot Number: AG517403
Exp Date: 06/23/2017

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

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

ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: *008580* Test Record Number: *2291*
Test Date: *07/02/2016* Test Time: *9:03pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:05pm

CRC Tests

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

Preventive Maintenance
Status: Pass

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 ROBESON Instrument Location BAT MOBILE UNIT 10

Instrument Serial No. 008686 PEMBROKE

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 JULY, 20 16 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

6061
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

ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: *008686*
Test Date: *07/02/2016*

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

Analyst's Name: *SMITH, JOCK B*
Permit Number: *20630E*
Effective:
05/01/2016-05/01/2018

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: *008686* Test Record Number: *6407*
Test Date: *07/02/2016* Test Time: *9:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
BT	Pass	9:13pm

Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm

CRC Tests

Test	Status	Time
COMP	Pass	9:14pm
CAL	Pass	9:14pm

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 ROBESON Instrument Location BAT MOBILE UNIT 10

Instrument Serial No. 008686 PEMBROKE

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 JULY, 2016 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

661
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

ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: *008686*
Test Date: *07/02/2016*

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

Analyst's Name: *SMITH, JOCK B*
Permit Number: *20630E*
Effective:
05/01/2016-05/01/2018

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	8:53pm
AIR BLK	.00	8:54pm
ACCY CHK	.07	8:55pm
AIR BLK	.00	8:56pm
SUB TEST	**.00**	**8:56pm**
AIR BLK	.00	8:57pm
SUB TEST	**.00**	**8:59pm**
AIR BLK	.00	9:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROBENSON COUNTY BAT MOBILE UNIT 10 770

Serial Number: *008686* Test Record Number: *6407*
Test Date: *07/02/2016* Test Time: *9:12pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
BT	Pass	9:13pm

Blank Tests

Test	Status	Time
AIR	Pass	9:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:14pm

CRC Tests

Test	Status	Time
COMP	Pass	9:14pm
CAL	Pass	9:14pm

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 Rowan Instrument Location Bat Mobile Unit II

Instrument Serial No. 008973

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 July, 2014 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

658
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

ROWAN BAT MOBILE UNIT 11 790

Serial Number: *008973*
Test Date: *07/08/2016*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG425303
Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	4:13pm
AIR BLK	.00	4:14pm
ACCY CHK	.08	4:15pm
AIR BLK	.00	4:16pm
SUB TEST	**.00**	**4:16pm**
AIR BLK	.00	4:17pm
SUB TEST	**.00**	**4:19pm**
AIR BLK	.00	4:19pm

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

ROWAN BAT MOBILE UNIT 11 790

Serial Number: *008973* Test Record Number: *174*
Test Date: *07/08/2016* Test Time: *4:20pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	4:20pm
FLO	Pass	4:20pm
FC	Pass	4:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:21pm
SRC	Pass	4:21pm
DET	Pass	4:21pm
BAR	Pass	4:21pm
BT	Pass	4:21pm

Blank Tests

Test	Status	Time
AIR	Pass	4:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:21pm

CRC Tests

Test	Status	Time
COMP	Pass	4:22pm
CAL	Pass	4:22pm

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 Rutherford Instrument Location Forest City PD

Instrument Serial No. 008889 187 S. Church St, Forest City

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

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

I certify that on the 8th day of July, 20 16 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

656
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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: *008889* Test Record Number: *713*
Test Date: *07/08/2016* Test Time: *10:05am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am

CRC Tests

Test	Status	Time
COMP	Pass	10:07am
CAL	Pass	10:07am

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: *008889*
Test Date: *07/08/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG513102
Exp Date: 05/11/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Instrument Serial No. 008824 126 S. 3rd St. Albemarle

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

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

I certify that on the 26th day of July, 2016 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

656
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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: *008824* Test Record Number: *1175*
Test Date: *07/26/2016* Test Time: *9:35am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:36am
FLO	Pass	9:36am
FC	Pass	9:36am

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:37am

Printer Tests

Test	Status	Time
PRNT	Pass	9:37am

CRC Tests

Test	Status	Time
COMP	Pass	9:37am
CAL	Pass	9:37am

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: *008824*
Test Date: *07/26/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG434201
Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	9:43am
AIR BLK	.00	9:43am
ACCY CHK	.08	9:44am
AIR BLK	.00	9:45am
SUB TEST	**.00**	**9:46am**
AIR BLK	.00	9:47am
SUB TEST	**.00**	**9:48am**
AIR BLK	.00	9:49am

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 Stanly Instrument Location Stanly County SD

Instrument Serial No. 008842 126 S. 3rd St. Albemarle

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

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

I certify that on the 26th day of July, 2016 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

656
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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: *008842* Test Record Number: *1812*
Test Date: *07/26/2016* Test Time: *9:44am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:45am
FLO	Pass	9:45am
FC	Pass	9:45am

Temperature Tests

Test	Status	Time
FC1	Pass	9:45am
SRC	Pass	9:45am
DET	Pass	9:45am
BAR	Pass	9:45am
BT	Pass	9:45am

Blank Tests

Test	Status	Time
AIR	Pass	9:46am

Printer Tests

Test	Status	Time
PRNT	Pass	9:46am

CRC Tests

Test	Status	Time
COMP	Pass	9:46am
CAL	Pass	9:46am

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

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: *008842*
Test Date: *07/26/2016*

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

Analyst's Name: *HAYS, MARK D*
Permit Number: *15924E*
Effective:
01/01/2016-01/01/2018

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

Lot Number: AG507902
Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	9:48am
AIR BLK	.00	9:49am
ACCY CHK	.07	9:49am
AIR BLK	.00	9:50am
SUB TEST	**.00**	**9:51am**
AIR BLK	.00	9:52am
SUB TEST	**.00**	**9:54am**
AIR BLK	.00	9:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008609 Brevard, 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 21 day of July, 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: *008609*
Test Date: *07/21/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG607502
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:24pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	**.00**	**12:26pm**
AIR BLK	.00	12:27pm
SUB TEST	**.00**	**12:28pm**
AIR BLK	.00	12:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: *008609* Test Record Number: *696*
Test Date: *07/21/2016* Test Time: *12:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:32pm
SRC	Pass	12:32pm
DET	Pass	12:32pm
BAR	Pass	12:32pm
BT	Pass	12:32pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm

CRC Tests

Test	Status	Time
COMP	Pass	12:33pm
CAL	Pass	12:33pm

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 Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008820 Brevard, 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 21 day of July, 20 16 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: *008820*
Test Date: *07/21/2016*

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

Analyst's Name: *CUTLER, DANIEL R*
Permit Number: *8457E*
Effective:
09/01/2015-09/01/2017

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

Lot Number: AG534802
Exp Date: 12/14/2016

Test	g/210L	Time
DIAG	Pass	12:22pm
AIR BLK	.00	12:23pm
ACCY CHK	.07	12:24pm
AIR BLK	.00	12:24pm
SUB TEST	**.00**	**12:25pm**
AIR BLK	.00	12:26pm
SUB TEST	**.00**	**12:27pm**
AIR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: *008820* Test Record Number: *974*
Test Date: *07/21/2016* Test Time: *12:31pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	12:31pm
FLO	Pass	12:31pm
FC	Pass	12:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:32pm

CRC Tests

Test	Status	Time
COMP	Pass	12:32pm
CAL	Pass	12:32pm

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 Tyrrell Instrument Location Tyrrell Co. S.O.

Instrument Serial No. 008902 402 Main St, Columbia, 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 13th day of July, 20 16 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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: *008902*
Test Date: *07/13/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG507902
Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	3:17pm
AIR BLK	.00	3:18pm
ACCY CHK	.07	3:19pm
AIR BLK	.00	3:20pm
SUB TEST	**.00**	**3:20pm**
AIR BLK	.00	3:21pm
SUB TEST	**.00**	**3:23pm**
AIR BLK	.00	3:24pm

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: *008902* Test Record Number: *614*
Test Date: *07/13/2016* Test Time: *3:24pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:25pm
FLO	Pass	3:25pm
FC	Pass	3:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:25pm
SRC	Pass	3:25pm
DET	Pass	3:25pm
BAR	Pass	3:25pm
BT	Pass	3:25pm

Blank Tests

Test	Status	Time
AIR	Pass	3:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:26pm

CRC Tests

Test	Status	Time
COMP	Pass	3:26pm
CAL	Pass	3:26pm

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 Apex P.S. Station 4
1615 E. Williams St.
Apex NC

Instrument Serial No. 008621

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 July, 2016 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

655
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 APEX PD
Serial Number: *008621*
Test Date: *07/29/2016*
Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *NC*
Driver's License Number: *XX*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2014-11/01/2016

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

Lot Number: AG607502
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	1:50pm
AIR BLK	.00	1:51pm
ACCY CHK	.08	1:52pm
AIR BLK	.00	1:53pm
SUB TEST	**.00**	**1:54pm**
AIR BLK	.00	1:55pm
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
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY APEX PD
Serial Number: *008621* Test Record Number: *2113*
Test Date: *07/29/2016* Test Time: *1:59pm EDT*
System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:59pm
FLO	Pass	1:59pm
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	2:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:00pm

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
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.D.

Instrument Serial No 008838 979 Steeple Square Ct.
Knightdale, 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 July, 2016 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

655
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: *07/29/2016*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2014-11/01/2016

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

Lot Number: AG507902
Exp Date: 03/20/2017

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

Reported AC: .00 g/210L

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: *1381*
Test Date: *07/29/2016* Test Time: *11:24am EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	11:25am

Printer Tests

Test	Status	Time
PRNT	Pass	11:25am

CRC Tests

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

Preventive Maintenance
Status: Pass

Dale Farley

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Wake Co. Detention Center

Instrument Serial No. 008760 3301 Hammond Rd.
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 26th day of July, 2016 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

655
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 DETENTION CENTER 910

Serial Number: *008760*
Test Date: *07/26/2016*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2014-11/01/2016

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

Lot Number: AG534902
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	3:45pm
AIR BLK	.00	3:46pm
ACCY CHK	.08	3:47pm
AIR BLK	.00	3:48pm
SUB TEST	**.00**	**3:49pm**
AIR BLK	.00	3:49pm
SUB TEST	**.00**	**3:51pm**
AIR BLK	.00	3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008760* Test Record Number: *1631*
Test Date: *07/26/2016* Test Time: *3:54pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

Blank Tests

Test	Status	Time
AIR	Pass	3:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:55pm

CRC Tests

Test	Status	Time
COMP	Pass	3:56pm
CAL	Pass	3:56pm

Preventive Maintenance
Status: Pass

Dale Farley

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 Co Instrument Location Wake Co Detention Center

Instrument Serial No. 008778 3301 Hammond Rd
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 26th day of July, 2016 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

655
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 DETENTION CENTER 910

Serial Number: *008778*
Test Date: *07/26/2016*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2014-11/01/2016

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

Lot Number: AG534902
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	3:46pm
AIR BLK	.00	3:47pm
ACCY CHK	.08	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	**.00**	**3:50pm**
AIR BLK	.00	3:51pm
SUB TEST	**.00**	**3:54pm**
AIR BLK	.00	3:55pm

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
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Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: *008778* Test Record Number: *2252*
Test Date: *07/26/2016* Test Time: *3:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

Blank Tests

Test	Status	Time
AIR	Pass	3:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:57pm

CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Wake Co Detention Center

Instrument Serial No. 008577 3301 Hammond Rd.
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 26th day of July, 2016 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

655
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 DETENTION CENTER 910

Serial Number: *008577*
Test Date: *07/26/2016*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2014-11/01/2016

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

Lot Number: AG607501
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	2:52pm
AIR BLK	.00	2:53pm
ACCY CHK	.07	2:54pm
AIR BLK	.00	2:55pm
SUB TEST	**.00**	**2:56pm**
AIR BLK	.00	2:57pm
SUB TEST	**.00**	**2:58pm**
AIR BLK	.00	2:59pm

Reported AC: .00 g/210L

C. Dale Farley
Signature of Chemical Analyst

Court CYR

C. Dale Farley
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 DETENTION CENTER 910

Serial Number: *008577* Test Record Number: *2448*
Test Date: *07/26/2016* Test Time: *3:01pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Wake Co Detention Center

Instrument Serial No. 008612 3301 Hammond Rd.
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 26th day of July, 2016 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.

Dale Farley
Signature of Certifying Official

655
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 DETENTION CENTER 910

Serial Number: *008612*
Test Date: *07/26/2016*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
11/01/2014-11/01/2016

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

Lot Number: AG607501
Exp Date: 03/15/2018

Test	g/210L	Time
DIAG	Pass	2:47pm
AIR BLK	.00	2:48pm
ACCY CHK	.07	2:49pm
AIR BLK	.00	2:50pm
SUB TEST	**.00**	**2:51pm**
AIR BLK	.00	2:52pm
SUB TEST	**.00**	**2:54pm**
AIR BLK	.00	2:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 DETENTION CENTER 910

Serial Number: *008612* Test Record Number: *3117*
Test Date: *07/26/2016* Test Time: *2:56pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:56pm
SRC	Pass	2:56pm
DET	Pass	2:56pm
BAR	Pass	2:56pm
BT	Pass	2:56pm

Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:57pm

CRC Tests

Test	Status	Time
COMP	Pass	2:57pm
CAL	Pass	2:57pm

Preventive Maintenance
Status: Pass

Dale Farley

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 CARY PD

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 29 day of JULY, 2016 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

637
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

WAKE COUNTY CARY PD 910

Serial Number: *008587*
Test Date: *07/29/2016*

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

Analyst's Name: *SMITH, BRIAN D*
Permit Number: *8937E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG507902
Exp Date: 04/20/2017

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.07	1:29pm
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
Department of Health and Human Services
Rev. 12/2007

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CARY PD 910

Serial Number: *008587* Test Record Number: *3307*
Test Date: *07/29/2016* Test Time: *1:37pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:38pm

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

CRC Tests

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

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
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location Bat Mobile Unit 4

Instrument Serial No. 008717 Fuquay Varina PD

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 July, 2016 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

Donya B Skinner 644
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

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: *008717*
Test Date: *07/22/2016*

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

Analyst's Name: *SKINNER, TONYA B*
Permit Number: *13651E*
Effective:
08/01/2015-08/01/2017

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

Lot Number: AG607601
Exp Date: 03/16/2018

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Tonya B Skinner
Analyst

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

Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: *008717* Test Record Number: *525*
Test Date: *07/22/2016* Test Time: *10:15pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm

CRC Tests

Test	Status	Time
COMP	Pass	10:17pm
CAL	Pass	10:17pm

Preventive Maintenance
Status: Pass

Tonya B. Kinner
Analyst

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location BAT MOBILE UNIT #1D

Instrument Serial No. 000637 Raleigh

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 July, 2016 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 636
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 10 910

Serial Number: *008637* Test Record Number: *2872*
Test Date: *07/29/2016* Test Time: *9:56pm EDT*

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008637*
Test Date: *07/29/2016*

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

Analyst's Name: *MORGART, STEPHEN G*
Permit Number: *9372E*
Effective:
07/01/2015-07/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:48pm
AIR BLK	.00	9:49pm
ACCY CHK	.08	9:50pm
AIR BLK	.00	9:51pm
SUB TEST	**.00**	**9:51pm**
AIR BLK	.00	9:52pm
SUB TEST	**.00**	**9:54pm**
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
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake Instrument Location BAT MOBILE UNIT #10

Instrument Serial No. 008776 Raleigh

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 July, 2016 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

636
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 10 910

Serial Number: *008776* Test Record Number: *3320*
Test Date: *07/29/2016* Test Time: *9:38pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
BT	Pass	9:38pm

Blank Tests

Test	Status	Time
AIR	Pass	9:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:39pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008776*
Test Date: *07/29/2016*

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

Analyst's Name: *MORGART, STEPHEN G*
Permit Number: *9372E*
Effective:
07/01/2015-07/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:30pm
AIR BLK	.00	9:31pm
ACCY CHK	.07	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	**.00**	**9:33pm**
AIR BLK	.00	9:34pm
SUB TEST	**.00**	**9:35pm**
AIR BLK	.00	9:36pm

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
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 BATMOBILE UNIT #10

Instrument Serial No. 008550 Raleigh

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 July, 2016 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

636
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-I. / Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008580* Test Record Number: *2294*
Test Date: *07/29/2016* Test Time: *9:39pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008580*
Test Date: *07/29/2016*

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

Analyst's Name: *MORGART, STEPHEN G*
Permit Number: *9372E*
Effective:
07/01/2015-07/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.07	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	**.00**	**9:34pm**
AIR BLK	.00	9:35pm
SUB TEST	**.00**	**9:36pm**
AIR BLK	.00	9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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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 BAT MOBILE UNIT #1D

Instrument Serial No. 008554 Raleigh

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 July, 2016 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

636
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 10 910
Serial Number: *008584* Test Record Number: *2116*
Test Date: *07/29/2016* Test Time: *9:49pm EDT*
System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	9:49pm
FLO	Pass	9:49pm
FC	Pass	9:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:50pm
SRC	Pass	9:50pm
DET	Pass	9:50pm
BAR	Pass	9:50pm
BT	Pass	9:50pm

Blank Tests

Test	Status	Time
AIR	Pass	9:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:50pm

CRC Tests

Test	Status	Time
COMP	Pass	9:51pm
CAL	Pass	9:51pm

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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Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 10 910
Serial Number: *008584*
Test Date: *07/29/2016*
Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *MORGART, STEPHEN G*
Permit Number: *9372E*
Effective:
07/01/2015-07/01/2017

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

Lot Number: AG517402
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:41pm
AIR BLK	.00	9:42pm
ACCY CHK	.07	9:43pm
AIR BLK	.00	9:44pm
SUB TEST	**.00**	**9:44pm**
AIR BLK	.00	9:45pm
SUB TEST	**.00**	**9:47pm**
AIR BLK	.00	9:48pm

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
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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 BAT MOBILE UNIT #10

Instrument Serial No. 008686 Raleigh

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 July, 2016 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

636
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 10 910

Serial Number: *008686* Test Record Number: *6411*
Test Date: *07/29/2016* Test Time: *9:40pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	9:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: *008686*
Test Date: *07/29/2016*

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

Analyst's Name: *MORGART, STEPHEN G*
Permit Number: *9372E*
Effective:
07/01/2015-07/01/2017

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

Lot Number: AG517403
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:33pm
AIR BLK	.00	9:34pm
ACCY CHK	.07	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	**.00**	**9:36pm**
AIR BLK	.00	9:36pm
SUB TEST	**.00**	**9:38pm**
AIR BLK	.00	9:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Watauga Instrument Location Watauga Co. Jail

Instrument Serial No. 008715 Boone, NC

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

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

I certify that on the 8 day of July, 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

649
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: *008715*
Test Date: *07/08/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2015-05/01/2017

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

Lot Number: AG607601
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	3:49pm
AIR BLK	.00	3:50pm
ACCY CHK	.08	3:50pm
AIR BLK	.00	3:52pm
SUB TEST	**.00**	**3:52pm**
AIR BLK	.00	3:53pm
SUB TEST	**.00**	**3:55pm**
AIR BLK	.00	3:56pm

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: *008715* Test Record Number: *1825*
Test Date: *07/08/2016* Test Time: *3:57pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:57pm
SRC	Pass	3:57pm
DET	Pass	3:57pm
BAR	Pass	3:57pm
BT	Pass	3:57pm

Blank Tests

Test	Status	Time
AIR	Pass	3:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:58pm

CRC Tests

Test	Status	Time
COMP	Pass	3:58pm
CAL	Pass	3:58pm

Preventive Maintenance
Status: Pass

Analyst

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

Instrument Serial No. 008671 207 E. Chestnut St., Goldsboro, N.C.

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

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

I certify that on the 29th day of July, 2016 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.

Lisa A. Kuse
Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: *008671*
Test Date: *07/29/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG534901
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	1:17pm
AIR BLK	.00	1:17pm
ACCY CHK	.07	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	**.00**	**1:20pm**
AIR BLK	.00	1:20pm
SUB TEST	**.00**	**1:22pm**
AIR BLK	.00	1:23pm

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: *008671* Test Record Number: *4384*
Test Date: *07/29/2016* Test Time: *1:28pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

Test	Status	Time
AIR	Pass	1:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:29pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wayne Instrument Location Wayne Co. Detention Ctr.

Instrument Serial No. 004879 207 E. Chestnut St., Goldsboro, N.C.

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

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

I certify that on the 29th day of July, 2016 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: *008879*
Test Date: *07/29/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG517402
Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	1:27pm
AIR BLK	.00	1:28pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	**.00**	**1:30pm**
AIR BLK	.00	1:31pm
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
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: *008879* Test Record Number: *424*
Test Date: *07/29/2016* Test Time: *1:37pm EDT*

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	1:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:38pm

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 Wayne Instrument Location Wayne Co. Detention Ctr.

Instrument Serial No. 008449 207 E. Chestnut St., Goldsboro, N.C.

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

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

I certify that on the 29th day of July, 2016 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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: *008649*
Test Date: *07/29/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2015-08/01/2017

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

Lot Number: AG507902
Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	1:29pm
AIR BLK	.00	1:30pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	**.00**	**1:32pm**
AIR BLK	.00	1:33pm
SUB TEST	**.00**	**1:36pm**
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
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Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: *008649* Test Record Number: *2975*
Test Date: *07/29/2016* Test Time: *1:38pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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
Rev. 12/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location BAT Mobile Unit

Instrument Serial No. 008717 Wilson P.D

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

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

I certify that on the 1 day of July, 2016 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

660
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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: *008717* Test Record Number: *514*
Test Date: *07/01/2016* Test Time: *10:25pm EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
BT	Pass	10:26pm

Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm

CRC Tests

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance
Status: Pass

Analyst

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: *008717*
Test Date: *07/01/2016*

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

Analyst's Name: *SMITH, JASON R*
Permit Number: *19145E*
Effective:
03/01/2016-03/01/2018

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

Lot Number: AG607601
Exp Date: 03/16/2018

Test	g/210L	Time
DIAG	Pass	10:35pm
AIR BLK	.00	10:36pm
ACCY CHK	.08	10:37pm
AIR BLK	.00	10:37pm
SUB TEST	**.00**	**10:40pm**
AIR BLK	.00	10:41pm
SUB TEST	**.00**	**10:42pm**
AIR BLK	.00	10:43pm

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 Wilson Instrument Location BAT Mobile Unit 4

Instrument Serial No. 008734 Wilson P.D.

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

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

I certify that on the 1 day of July, 20 16 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

660
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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: *008734* Test Record Number: *893*
Test Date: *07/01/2016* Test Time: *10:48pm EDT*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

Test	Status	Time
FC1	Pass	10:49pm
SRC	Pass	10:49pm
DET	Pass	10:49pm
BAR	Pass	10:49pm
BT	Pass	10:49pm

Blank Tests

Test	Status	Time
AIR	Pass	10:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:49pm

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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Forensic Tests for Alcohol Branch
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Rev. 12/2007

Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: *008734*
Test Date: *07/01/2016*

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

Analyst's Name: *SMITH, JASON R*
Permit Number: *19145E*
Effective:
03/01/2016-03/01/2018

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

Lot Number: AG513101
Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	10:39pm
AIR BLK	.00	10:40pm
ACCY CHK	.08	10:41pm
AIR BLK	.00	10:42pm
SUB TEST	**.00**	**10:42pm**
AIR BLK	.00	10:43pm
SUB TEST	**.00**	**10:45pm**
AIR BLK	.00	10:46pm

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 008627 100 E. Green St., Wilson, 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 8th day of July, 2016 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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: *008627*
Test Date: *07/08/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG526401
Exp Date: 09/21/2017

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: *008627* Test Record Number: *1958*
Test Date: *07/08/2016* Test Time: *10:14am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:15am
FLO	Pass	10:15am
FC	Pass	10:15am

Temperature Tests

Test	Status	Time
FC1	Pass	10:15am
SRC	Pass	10:15am
DET	Pass	10:15am
BAR	Pass	10:15am
BT	Pass	10:15am

Blank Tests

Test	Status	Time
AIR	Pass	10:16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am

CRC Tests

Test	Status	Time
COMP	Pass	10:16am
CAL	Pass	10:16am

Preventive Maintenance
Status: Pass

Analyst

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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 Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 008652 100 E. Green St., Wilson, N.C.

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

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

I certify that on the 8th day of July, 2016 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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: *008652*
Test Date: *07/08/2016*

Citation Number: *M0000000-0*
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2015-07/01/2017

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

Lot Number: AG534901
Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	9:53am
AIR BLK	.00	9:54am
ACCY CHK	.08	9:55am
AIR BLK	.00	9:56am
SUB TEST	**.00**	**9:56am**
AIR BLK	.00	9:57am
SUB TEST	**.00**	**9:59am**
AIR BLK	.00	10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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Intox EC/IR-II: Preventive Maintenance

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: *008652* Test Record Number: *2853*
Test Date: *07/08/2016* Test Time: *10:01am EDT*

System Check: *Passed*

Baseline Tests

Test	Status	Time
IR	Pass	10:02am
FLO	Pass	10:02am
FC	Pass	10:02am

Temperature Tests

Test	Status	Time
FC1	Pass	10:02am
SRC	Pass	10:02am
DET	Pass	10:02am
BAR	Pass	10:02am
BT	Pass	10:02am

Blank Tests

Test	Status	Time
AIR	Pass	10:02am

Printer Tests

Test	Status	Time
PRNT	Pass	10:02am

CRC Tests

Test	Status	Time
COMP	Pass	10:03am
CAL	Pass	10:03am

Preventive Maintenance
Status: Pass

Analyst

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