PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	11 TOAIMETERS, MODEL INTOX EC/IR II
County	Hexander Instrument Location Alexander County SO
Instrument S	Serial No. 008813 91 Commercial Park Ave, Taybeville
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha	
	were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
CTAT	
Or THE STAT	TO PROPERTY OF THE PROPERTY OF
APRIL 12, O	656
	Signature of Certifying Official Certificate Number

ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813 Test Date: 08/22/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	9:12am
AIR BLK	.00	9:12am
ACCY CHK	.08	9:13am
AIR BLK	.00	9:14am
SUB TEST	.00	9:15am
AIR BLK	.00	9:16am
SUB TEST	.00	9:17am
AIR BLK	.00	9:18am

RepArted AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### ALEXANDER COUNTY ALEXANDER COUNTY SO 010

Serial Number: 008813

Test Record Number: 1883

Test Date: 08/22/2019 Test Time: 9:19am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Sta	ıtus j	Time	
AIR	Pas	s .	9:20am	

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:21am 9:21am

Preventive Maintenance Status: Pass

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

County	Alexander	Instrument Location Bal Mubile Unit 2
Instrume	nt Serial No. <u>008973</u>	
The preve		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath simulator thermometer show 2 degree centigrade;
2.	Verify instrument displays	time and date;
3.	Initiate breath test sequence	
4.	Enter information as promp	ited;
5.	Verify instrument accuracy	;
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
procedur	es were performed on the instrumen	12012, the foregoing preventive maintenance at indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
GAN GREAT SE	( N	4/27 658
		Signature of Certifying Official Certificate Number

ALEXANDER BAT MOBILE UNIT 02 010

Serial Number: 008973

Test Date: 08/17/2019 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	3:37pm
AIR BLK	.00	3:38pm
ACCY CHK	.08	3:39pm
AIR BLK	.00	3:40pm
SUB TEST	.00	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MI

ALEXANDER BAT MOBILE UNIT 02 010
Serial Number: 008973 Test Record Number: 684

Test Date: 08/17/2019 Test Time: 3:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:44pm
FLO	Pass	3:44pm
FC	Pass	3:44pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:45pm
SRC	Pass	3:45pm
DET	Pass	3:45pm
BAR	Pass	3:45pm
BT	Pass	3:45pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:45pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:45pm
CAL	Pass	3:45pm

Preventive Maintenance Status: Pass

My Do Analyst

# PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II
County Aleghany Instrument Location Alleghans
Instrument Serial No. 008890 County Ogist
Sparty 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 show 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the day of d
STATE OF VOTES AND A STATE OF
Acquerior Silver of Children Con Control C
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)

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 08/28/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK ACCY CHK	.00 .07	2:22pm 2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
AIR BLK	.00	2:28pm

m2 ....

Reported AC: .00 g/210L

Signature of Chemidal 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

#### ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Record Number: 777
Test Date: 08/28/2019 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	2:30pm
SRC	Pass	2:30pm
DET	Pass	2:30pm
BAR	Pass	2:30pm
BT	Pass	2:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

#### 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

PREVENTIVE MAINTENANCE RECORD

A Part of the second	INTOXIMETERS, MODEL INTOX EC/IR II
County AS	Me Instrument Location A She
Instrument Serial	No. 008849 County Ja: 1
	Clefferson N.C.
The preventive ma	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were properties to the procedures were procedured to the procedure of the p	day of
STATE ON A STATE OF A	SCH CAROLIN
ARIL IZ. D'S  ARIL IZ. D'S  ARIL IZ. D'S  ARIL IZ. D'S	Ly gletarlen 65
	Signature of Certifying Official Certificate Number
	A CONTRACTOR OF THE PARTY OF TH

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 08/28/2019

Citation Number: M000000-0 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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG805801 Exp Date: 02/27/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

#### ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Record Number: 1278
Test Date: 08/28/2019 Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

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

Rev. 12/2007

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

County	BLADEN	Instrument Location	BLADEN	COUNTY
Instrumen	t Serial No. <u>008863</u>			- 3 OFFICE
<del>,</del>			ELIZABE	TH TOWN, NO
The preve	ntive maintenance procedures for the Intended are:	oximeters, Model Intox	EC/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		alcoholic breath simul	lator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;		•	
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sampl	e;	
7.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedure	hat on theday ofday of	licated above, in accord	ance with current regu	reventive maintenance ulations of the N.C.
COREAT OF HE	TATE OF NO PARAMETERS O			
* Cose O	Wen-Ka	dure of Certifying Offic	ial (	Co 48 Certificate Number

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

DHHS 4080 (11/07)

#### BLADEN COUNTY SHERIFF'S OFFICE 080

Serial Number: 008863 Test Date: 08/14/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE
Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	3:32pm 3:32pm 3:33pm 3:34pm
SUB TEST	.00	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BLADEN COUNTY SHERIFF'S OFFICE 080

Serial Number: 008863 Test Date: 08/14/2019

Test Record Number: 613
Test Time: 3:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:39pm
FLO	Pass	3:39pm
FC	Pass	3:39pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:39pm
SRC	Pass	3:39pm
DET	Pass	3:39pm
BAR	Pass	3:39pm
BT	Pass	3:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:40pm
CAL	Pass	3:40pm

Preventive Maintenance Status: Pass

alen Rg Banga Analyst

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

County	BRUNSWICK Instrument Location BRUNSWICK COUN
Instrument	Serial No. 008602 DETENTION CENTE
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on the
THE COLETY SE	

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00	12:02pm 12:03pm 12:04pm 12:05pm 12:06pm 12:07pm 12:08pm
SUB TEST	.00	
AIR BLK	.00	12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008602 Test Record Number: 4377
Test Date: 08/28/2019 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

Test	Status	Time	
PRNT	Pass	12:11pm	
	CRC Tests		
Test	Status	Time	

12:11pm

12:11pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Olen Re Bones
Analyst

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

County BZ	UNSWICK		BRUNSWI	CK COUNT
Instrument Seria	INO. 008585			ON CENTE
The preventive r	naintenance procedures for the In	toximeters, Model Intox	EC/IR II to be followe	d at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the ree centigrade;	alcoholic breath simula	tor thermometer shows
2.	Verify instrument displays time	and date;	•	
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
7.	When "PLEASE BLOW" appe	ars, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	i		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed be nged every four months	fore expiration date, or or after 125 Alcoholic I	the alcoholic breath Breath Simulator tests,
I certify that or procedures wer Department of	n the <u>JE</u> day of <u>Au</u> the performed on the instrument in Health and Human Services, and	」としら了, 20 dicated above, in accord the instrument is func	dance with current regu	eventive maintenance lations of the N.C.
STATE OF STA	NOTITIES CAROUNG			
* FAIR CLAM VIDEN	Sign	nature of Certifying Off	°S (cial (	Certificate Number

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Date: 08/28/2019

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

Subject'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:
06/01/2019-06/01/2021

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

Lot Number: AG919902 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:09pm 12:10pm 12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ol Re Bong Analyst

#### BRUNSWICK COUNTY DETENTION CENTER 090

Serial Number: 008585 Test Record Number: 4310 Test Date: 08/28/2019 Test Time: 12:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
BT	Pass	12:17pm
the same of the sa		en e

#### Blank Tests

Test	Status	Time	
AIR	Pass	12:17pm	

#### Printer Tests

Test S	tatus	Time
PRNT P	ass	12:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance Status: Pass

Ańalyst

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

County BR	UNSWICK	Instrument Location_	OAK	ISLAND	POLICE
Instrument Seri	al No. <u>0086, 48</u>		<u></u>		
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to	be followed at least	t once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the gree centigrade;	alcoholic br	eath simulator thern	nometer shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;	÷			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appe	ars, collect breath sampl	e;		
7.	When "PLEASE BLOW" appe	ars, collect breath sampl	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; and	i			
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed beinged every four months o	fore expirati or after 125	ion date, or the alcol Alcoholic Breath Si	holic breath mulator tests,
procedures we	on theday ofday ofdere performed on the instrument in f Health and Human Services, and	idicated above, in accord	lance with c	urrent regulations o	maintenance f the N.C.
THE STATE OF THE S	C. C.	Ra Banature of Certifying Office	rial	Certificat	e Number
	Sig.	iature or Certifying Offic	Cidi	Certificat	

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

DHHS 4080 (11/07)

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:59am 9:59am 10:00am
AIR BLK	.00	10:01am
SUB TEST	.00	10:02am
AIR BLK	.00	10:02am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu-Ry Bank

### BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1628 Test Date: 08/26/2019 Test Time: 10:06am 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
1. 5. 1	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PRUNJWICK Instrument Location SUNJET BEACH
	POUCE DEPT
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday ofA UGU 57, 20 19_, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Date: 08/26/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2019-06/01/2021

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

Lot Number: AG805802 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.08	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:08pm
AIR BLK	.00	2:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874 Test Record Number: 679 Test Date: 08/26/2019 Test Time: 2:11pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		•
AIR	Pass	2:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm
	CRC Tests	
Test	Status	Time

2:13pm

2:13pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

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Analyst

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

County B	runswick Instrument Location Bat Mabile Unit 5
Instrument S	erial No. 008704 calabash
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the 30 day of August , 20 9, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Secial Number: 008704 Dest Date: 08/30/2019

Curetelos Numbere Mojolojojojo 10

Swojectwe Name:

PREVENTIVE MAINTENZINCE

Unloyectle Date of Birtin: 11/11/1911

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## BRUNSWICK GOUNTY BAT MCBILE UNIT 5 090

Serlal Number: 008704 Test Record Number: 556 Test Date: 108/30/2019 Test Time: 9:34pm EDT

## System Check: Passed

# Baseline Tests

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Woronsic Restrior/Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

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

County Bra	instrument Location Bet Mabile Charles
Instrument S	erial No. 008575 Calabash
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
I.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 30 day of August, , 2019, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

## BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008575 Test Date: 08/30/2019

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

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

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

Analyst's Name: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	9:12pm
AIR BLK	.00	9:13pm
ACCY CHK	.08	9:14pm
AIR BLK	.00	9:14pm
SUB TEST	.00	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
ATR RIK	00	9 18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Shane C. Todd

#### ับลอง โดยได้เหลือนและเหลือนเลือนเลือนเลือนเลือนสายเลือน

#### BRITANSWITCK COUNTY BAND MORNIE UNIT 5 090

Tandal Number: 009575 Test Record Number: 1177 Test Deter 02/30/2019 Cycsts Times 9:19pm EDT

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FINITE BOOK

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Prunswick Instrument Location BAT Modile #5  erial No. 8707 Calabash, N.C.
Instrument Se	TIAI NO. OTOT
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATE STATE OF THE	

### Totok EC/IR-1In. Subject Test

#### BRONSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Date: 08/30/2019

Catation Number: M0000000-0

Zil Subject s Name: <del>None</del>, None Geventive Maintenance
Subject s Date of Birth: 11/11/1911

Subject s Sex: Male

1,0,236 511

| Subject" | Sex: Male | Daiver" | License State: XX | Daiver" | License Number: NONE

Analyst's Name: TODD, SHANE C Permit Number: 11391E Effective: 07/27/2018-07/01/2020

officers is Names None, None Type of Agency: FTA Agency: DHHS Test Type Branch Test

Lot yumbers  $\Delta G 807101$  . Exc. Deta. 03/12/2020

TOTAL TOTAL STORY

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#### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008707 Test Record Number: 2597 Test Date: 08/30/2019 Test Time: 10:38pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### **Blank Tests**

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mer.	En .	Status	Tim	e
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isi (C/¿Vill		Pass	10:	39pm

Preventive Maintenance Status: Pass

Abalyst

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Vor anciest Estator, Alcohol Branch

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

County Br	unswick Instrument Location Bat Mobile Unit 5
Instrument Se	erial No. 008826 <u>Calabash</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>30</u> day of <u>Hugust</u> , 20 <u>19</u> , the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTH STATE	Signature of Certificing Official Certificate Number

### ocarc//ire-rap: sucflect Test

COUNTY BAT MOBTLE WINIT 5-090

serial Number: 008826 lest Date: 08/30/2019

Chickelon Number William 000000-0

Subject S. Dare of Birth: 11/11/1911

Dic 1/a: is Lingerse Scare: XX

id a laverage of the calonical Nombour: NONE

Arellystevs Nemac TODD, SHANE C seamilt Nümbars Liksile

is/Rir@chestyle;; 07/27/2018-07//01//202<mark>0</mark>0

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### BRUNSWICK COUNTY BAT MOBILE UNIT 5 090

Serval Number: 008826 Test Record Number: 8122 Test Date: 08/30/2019 Test Time: 8:46pm EDT

System Check: Passed

#### Baseline Tests

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

County $\underline{\mathcal{B}}$	Un Consc Instrument Location Bal mobile Und 2
Instrument S	erial No. <u>008973</u>
The preventir	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the <u>ZZ</u> day of <u>Novor</u> , 20 17, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
STAIN	

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973

Test Date: 08/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	7:36pm
AIR BLK	.00	7:37pm
ACCY CHK	.08	7:38pm
AIR BLK	.00	7:38pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:41pm
AIR BLK	.00	7:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 687
Test Date: 08/22/2019 Test Time: 7:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

#### Temperature Tests

Test	Status	Time
IESC	Status	TTHE
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:45pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	7:45pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:45pm
CAL	Pass	7:45pm

Preventive Maintenance Status: Pass

Analyst

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

County Bu	nonte Instrument Location BAT Mobile Unit 2
Instrument Ser	rial No. <u>008973</u>
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE STATE OF STATE	

BUNCOMBE BAT MOBILE UNIT 02

Serial Number: 008973

Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:46pm
ATR BLK	.00	7:47pm

Reported AC: .00 g/210L

Chemica DAnalyst

Court CVR

My Do

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973 Test Record Number: 696
Test Date: 08/28/2019 Test Time: 7:49pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	7:49pm
FLO	Pass	7:49pm
FC .	Pass	7:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	7:50pm

#### Printer Tests

	and the second s	
Test	Status	Time
PRNT	Pass	7:50pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:50pm
CAL	Pass	7:50pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cabarrus Instrument Location Cabarrus County SO

Instrument Serial No. 208792 30 Carban Ave., Cancord

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

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

I certify that on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, the foregoing preventive maintenance procedures were performed on the 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

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008792

Test Record Number: 2983

Test Date: 08/06/2019

Test Time: 1:15pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
$\mathtt{BT}$	Pass	1:16pm

#### Blank Tests

Test	Status	Time
ATR	Pass	1:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst.

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

County C	Abarrus Instrument Location Cabarrus County SO
Instrument Ser	rial No. 008625 30 Corban Ave, Cancord
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	1:18pm 1:19pm
ACCY CHK AIR BLK	.08	1:19pm 1:20pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm

.00 g/210L

of Chemica Signature

Analyst

Court CVR

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008625 Tes

Test Record Number: 5304

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:30pm 1:30pm
FC	Pass	1:30pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:30pm 1:30pm 1:30pm 1:30pm 1:30pm
	· ·	

#### Blank Tests

Test	Status	Time
AIR	Pass	1:31pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:31pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:31pm
CAL	Pass	1:31pm

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

~ °	INTOXIMETERS, MODEL INTOX EC	
County Co	Bayyus Instrument Location Color	rus County SO
Instrument Serie	al No. 008590 30 Corban Ave.	Concord
-	,	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic by 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirate simulator solution is being changed every four months or after 125 whichever occurs first.	
	n the	
OTHE STATE OF THE	Signature of Certifying Official	656 Certificate Number

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101

Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	1:29pm 1:30pm 1:30pm 1:31pm 1:32pm 1:32pm 1:35pm
1111		— · <u>-</u>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590 Test Record Number: 3170 Test Date: 08/06/2019 Test Time: 1:36pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:37pm
FLO	Pass	1:37pm
FC	Pass	1:37pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:37pm
SRC	Pass	1:37pm
DET	Pass	1:37pm
BAR	Pass	1:37pm
BT	Pass	1:37pm

#### Blank Tests

Test	Status	Time
	•	
AIR	Pass	1:38pm

#### Printer Tests

1.∈	est	Status	Time
: 1			
PR	NT	Pass	1:38pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:38pm
CAL	Pass	1:38pm

Preventive Maintenance Status: Pass

Analyst

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

County Ca	Larrus Instrument Location Kannapolis PD
Instrument Ser	ial No. 068589 401 Laureote Way Kannapalis
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of STATE	ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
Tag Quanvis	Signature of Cortifying Official Certificate Number

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 08/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

rest	g/210L	ттше
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	1:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589

Test Record Number: 3011

Test Date: 08/08/2019

Test Time: 1:26pm EDT

#### System Check: Passed

### Baseline Tests

Test	Status	Time
en i jaran kanan k	St. 18	
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	9 - 4
Test	Status	Time

1:27pm

1:27pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

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

	Mdvr (1 Instrument Location BW Modile Unit 2
Instrument Se	erial No. 00 817 o
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on the
STAT ONE AND INC.	

CALDWELL BAT MOBILE UNIT 02 130

Serial Number: 008970 Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	5:07pm 5:08pm 5:09pm 5:10pm <b>5:10pm</b>
AIR BLK	.00	5:11pm
SUB TEST	.00	5:13pm
AIR BLK	.00	5:14pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

#### CALDWELL BAT MOBILE UNIT 02 130

Serial Number: 008970 Test Record Number: 640 Test Date: 08/31/2019

Test Time: 5:15pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:15pm 5:15pm
FC	Pass	5:15pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

#### Blank Tests

Test	Status	Time
		4
AIR	Pass	5:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	5:16pm
CAL	Pass	5:16pm

Preventive Maintenance Status: Pass

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

County	aswell	Instrument I	Location <i>BA</i>	TMobile	.Unit 4
Instrument Ser	ial No. <u>008816</u>	NC	SMP		· .
					· · · · · · · · · · · · · · · · · · ·
The preventive four months ar	e maintenance procedures for the In e:	ntoximeters, Mo	del Intox EC/IR I	I to be followed a	nt least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressur egree centigrade;	e, or the alcoholic	breath simulator	thermometer show
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				. 1:
4.	Enter information as prompted	;			
5.	Verify instrument accuracy;	. '	. *	· .	
6.	When "PLEASE BLOW" app	ears, collect brea	nth sample;		•
7.	When "PLEASE BLOW" app	ears, collect brea	ith sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	ıd		·	·
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being cha nged every four	anged before expl months or after 12	ration date, or the 25 Alcoholic Bre	alcoholic breath ath Simulator tests,
I certify that of procedures we Department of	on the <u>3/</u> day of <u>Ar</u> ere performed on the instrument in of Health and Human Services, and	In US I Indicated above, i d the instrument	, 20 <u></u>	e foregoing preven h current regulati operly.	ntive maintenance ons of the N.C.
STATE OF THE STATE		2 <b>~</b>			
The state of the s	Sign	nature of Certify	ing-Official		ificate Number

#### CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008816 Test Record Number: 7459 Test Date: 08/31/2019 Test Time: 11:15pm EDT

System Check: Passed

#### Baseline Tests

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PRNT	Pass	11:16pm
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Preventive Maintenance Status: Pass

#### CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008816 Test Date: 08/31/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 03/01/2018-03/01/2020

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

Lot Number: AG805801 Exp Date: 02/27/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rev. 12/2007

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

County O	Scool Instrument Location SAT Mobile Unit 4
Instrument Ser	ial No. <u>008</u> 775 NC SHP
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the
STATE	STOOL CAN BE A STOOL
The QUANTY	Signature of Certifying Official Certificate Number

#### CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008775 Test Date: 08/31/2019

Citation Number: M0000000-0 Subject's Name; PREVENTIVE, MAINTENANCE Subject'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, UASON R Permit Number: 19145E Effective: 03/01/2018-03/01/2020

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

> Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:28pm
AIR BLK	.00	11:28pm
ACCY CH	K .07	11:29pm
AIR BLK	.00	mq08:11
SUB TES	T.00	11:30pm
AIR BLK	.00	11:31pm
SUB TES	T .00	11:33pm
AIR BLK	.00	11:34 pm

Reported AC: .00 g/2101

ignature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008775 Test Record Test Date: 08/31/2019 Test Time:

Test Record Number: 1827 Test Time: 11:35pm EDT

System Check: Passed

#### Baseline Tests

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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

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

County	askell Instrument Location RAT Mabile Unit 4
Instrument Se	erial No. <u>(0086 15</u> <u>NC SHP</u>
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
<sup>1</sup> 9,	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
l certify that procedures v Department	on the 3/day of Agust, 20/9 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAN STAN STAN STAN STAN STAN STAN STAN	
	Signature of Certifying Official Certificate Number

#### CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008615 Test Date: 08/31/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 03/01/2018-03/01/2020

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

> Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DTAG	Pass	11:04pm
AIR BLK	.00	11:05pm
ACCY CHK	.07	11:05pm
AIR BLK	. 0.0	11:06pm
SUB TEST	.00	11:06pm
AIR BLK	.00	11:07pm
SUB TEST	.00	11:09pm
ATR RIK	ดด	11:10pm

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

Rev. 12/2007

### CASWELL COUNTY BAT MOBILE UNIT 4 160

Serial Number: 008615 Test Record Number: 5626 Test Date: 08/31/2019 Test Time: 11:11pm EDT

System Check: Passed!

#### Baseline Tests

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			3 E						
Гe									
${ m LR}$			Рa					mc	
								om:	
$\sigma \mathbf{L}$			Ра						
$\mathbb{P}^{C}$			Pa						
								om	

#### Temperature Tests

Test	Ç	tatus	ri	me
	TO PERSONAL		aa	:12pm
FC1	医二角性 医神经囊	ass		<b>建筑的建筑中下</b> 。
SRC		ass	11	:12pm
DET	i i i i i i i i i i i i i i i i i i i	ass	- 11	:12pm
BAR	74.74 × 24.10	ass	11	:12pm
YEKTIL	1750 A. 内外侧隔	ass	建汽车用 的复数辐射	:12pm
BT		ass		********

#### Blank Tests

	es			ta			П			
									L2	
	$\mathbf{I}\mathbf{R}$			as						

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
Ċ.	C Tests	Alleria Al-Kariba Al-Kariba
Test	Status	Time
COMP CAL	Pass Pass	11:12pm 11:12pm

Preventive Maintenance Status: Pass

Analyst

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

County Ca	Hawba Instrument Location Catawba County SO		
Instrument Seria	INO. 008687 100 B Southwest Blvd., Newton		
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that or procedures wer Department of	theday of, 20, 20, the foregoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF STA	Signature of Certifying Official Certificate Number		

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687 Test Date: 08/09/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	9:50am 9:51am
ACCY CHK	.07 .00	9:52am 9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
ATR BLK	. 00	9:57am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008687

Test Record Number: 2909

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
$\mathtt{BT}$	Pass	9:58am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:59am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:59am
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	atawba Instrument Location Catawba County SO	
Instrument Se	mass 1 m & S. D. Met Blil Dector	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	гy
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	юw
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	h sts
I certify that procedures v Department	were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.	ice
STAT STATE OF THE	Signature of Certifying Official  Certificate Number	

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Date: 08/09/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

~ / O 1 O T

m-i-m-c

rest	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10:09am
ACCY CHK	.07	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:13am
SUB TEST	.00	10:13am
ATR BLK	.00	10:15am

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SO 170

Serial Number: 008821 Test Record Number: 2037 Test Date: 08/09/2019 Test Time: 10:15am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

#### Printer Tests

Test

CAL

PRNT	Pass	10:17am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17am

Status

Time

10:17am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County	Instrument Location Bat Mobile Unit 2
Instrument Se	erial No. 008970
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on the
STAN TO THE STAN TO THE CORE AT THE CORE A	

CATAWBA BAT MOBILE UNIT 02 170

Serial Number: 008970 Test Date: 08/17/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:33pm
AIR BLK	.00	6:34pm
ACCY CHK	.08	6:34pm
AIR BLK	.00	6:35pm
SUB TEST	.00	6:36pm
AIR BLK	.00	6:37pm
SUB TEST	.00	6:38pm
ATR RIK	በበ	6.39nm

Reported AC: <00 g/2/10L

Signature of ChemicaY Analyst

Court CVR

Analyst

#### CATAWBA BAT MOBILE UNIT 02 170

Serial Number: 008970

Test Record Number: 626

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:40pm
SRC	Pass	6:40pm
$\operatorname{DET}$	Pass	6:40pm
BAR	Pass	6:40pm
BT	Pass	6:40pm

#### Blank Tests

ΛTD Dagg 6.41pr	Test	Status	Time
	AIR	Pass	6:41pm

#### Printer Tests

Test	Status	Time
PR <b>NT</b>	Pass	6:41pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. ,		ERS, MODEL INTOX EC/	
County Ch	prokee	_ Instrument Location Chern	kee Co Vail
Instrument Seria	al No. 008711	Murphy, NC	<del> </del>
The preventive four months are		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brea degree centigrade;	th simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		e de la companya de
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument	the findicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Commence of the second	OR. ath	635
	′ §	Signature of Certifying Official	Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00 .00	12:54pm 12:55pm 12:55pm 12:56pm 12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 1016
Test Date: 08/05/2019 Test Time: 1:01pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:02pm
SRC	Pass	1:02pm
DET	Pass	1:02pm
BAR	Pass	1:02pm
BT	Pass	1:02pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Analyst

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

County /	Prokee Instrument Location Cherokee Co. Jail
Instrument Se	erial No. 008622 Muiphy, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATION OF	
William Control	Signature of Certifying Official Certificate Number
	Signature of Countying Official Countries Painted

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622 Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test g/210L Time DIAG Pass 12:53pm AIR BLK .00 12:54pm ACCY CHK .07 12:54pm AIR BLK .00 12:55pm SUB TEST .00 12:56pm 12:57pm AIR BLK .00

**SUB TEST .00** 12:58pm AIR BLK .00 12:59pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 1098 Test Date: 08/05/2019 Test Time: 1:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
$\mathtt{BT}$	Pass	1:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:01pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:02pm

Chatra

mi ma

#### CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II		
County C	howard Instrument Location Chowan Co. Public SAfe	
Instrument Se	erial No. 008895 CtR., 305 Freemason ST., Eden	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7. When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
procedures w	on the Sotu day of Activist , 20 19 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	



Signature of Certifying Official

Certificate Number

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 08/30/2019

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

Subject'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: 0045-5468
Effective:
07/08/2019-07/08/2021

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

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33am 11:33am
ACCY CHK	.08	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am
SUB TEST	.00	11:39am
ATR RIK	. 0.0	11:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Record Number: 925
Test Date: 08/30/2019 Test Time: 11:42am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:42am 11:42am 11:42am 11:42am 11:42am
	1 400	

#### Blank Tests

Test	Status	Time
AIR	Pass	11:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:43an
	CRC Tests	

rest	Status	TTIIIE
COMP	Pass	11:43am
CAL	Pass	11:43am

Preventive Maintenance Status: Pass

Analyst

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

County C		Instrument Location <u>C/a</u>	
Instrument S	erial No. <u>008608</u>		,
The prevention	ve maintenance procedures for the I	Intoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholi- egree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	ı;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expin nged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the Z 1 day of A 14.  ere performed on the instrument include of Health and Human Services, and the services of the service	ficated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
TO STATE AND STA	STORES AND STORES	R. Cuth	635
	Sigr	nature of Certifying Official	Certificate Number

#### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 08/02/2019

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

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

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	rime
DIAG AIR BLK	Pass	11:59am 11:59am
ACCY CHK AIR BLK SUB TEST	.08 .00 . <b>00</b>	12:00pm 12:01pm <b>12:02pm</b>
AIR BLK SUB TEST	.00	12:02pm 12:03pm 12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608

Test Record Number: 1250 

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County C	1010 and Instrument Location Cleveland County SO-Ame	
Instrument Ser	rial No. 008893 407M'BrayerSt., Shelby	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures w Department o	on the	
O'M STATE O'M ST	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)

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVŔ

Analyst

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008893 Test Record Number: 1689
Test Date: 08/05/2019 Test Time: 10:15am 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:15am 10:15am 10:15am 10:15am 10:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:16am

#### Printer Tests

Test

CAL

PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:16am

Status

Time

10:16am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Cleveland County SO Annex The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 4905/\_\_\_\_\_, 2017\_, the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

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	9:57am
AIR BLK	.00	9:57am
SUB TEST	.00	9:59am
ATR BLK	. 00	10:00am

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR/

Analyst

#### CLEVELAND COUNTY CLEVELAND SO-ANNEX 220

Serial Number: 008887 Te

Test Record Number: 2962

Test Date: 08/05/2019

Test Time: 10:01am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

#### Blank Tests

Test	Status	Time
TEST.	olalus	T T I II C

AIR Pass 10:02am

#### Printer Tests

Test Status Time

PRNT Pass 10:02am

CRC Tests

Test Status Time

COMP Pass 10:02am CAL Pass 10:02am

Preventive Maintenance
... Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Cleveland Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

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

DHHS 4080 (11/07)

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900 Test Date: 08/21/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:24am 11:25am
ACCY CHK	.08	11:25am 11:26am
SUB TEST	.00	11:27am
AIR BLK	.00	11:28am
SUB TEST	.00	11:29am
AIR BLK	.00	11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court C∜R

Analyst

#### CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900

Test Record Number: 775

Test Date: 08/21/2019

Test Time: 11:32am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:33am
FLO	Pass	11:33am
FC	Pass	11:33am

## Temperature Tests

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

#### Blank Tests

Test	Status	Time

AIR Pass 11:34am

#### Printer Tests

Test Status Time	Test	Status	Time
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PRNT Pass 11:34am

#### CRC Tests

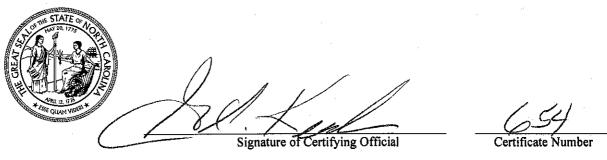
Test Status Time

COMP Pass 11:34am CAL Pass 11:34am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6 When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. //, the foregoing preventive maintenance day of \_ procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:10pm 2:10pm 2:11pm 2:12pm
SUB TEST	.00	2:14pm
AIR BLK	.00	2:15pm
SUB TEST AIR BLA	.00 .00	2:17pm 2:18pm
HTK DEK	.00	Z. 10Dm

Reported AC, .00, g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 4272

Test Date: 08/26/2019

Test Time: 2:19pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
	•	
ATR	Pass	2:20pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:20pm

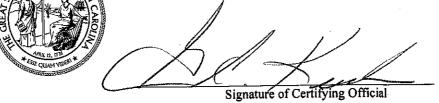
#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II berland Co. Detention Conter Instrument Location and Fayettevil The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_, 20 / / , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Certificate Number

# CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/12/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	1:45pm 1:46pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:53pm
ATP BWK	0.0	$1:54  \mathrm{pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633

Test Record Number: 5283

Test Date: 08/26/2019

Test Time: 1:54pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:56pm

# CRC Tests

Test	Status	Time
COMP	Pass	1:56pm
CAL	Pass	1:56pm

Preventive Maintenance

Status: Pass

Anályst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	UNIDER LAND CO. Instrument Location Cumber LAND Co. Defentions
Instrument So	erial No. 008672 Fayette Ville, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the
TAND OF THE STATE	CAROLL

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

Signature of Certifying Official

Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:30pm
AIR BLK	.00	1:31pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK/	.00	1:37pm

Reported AC; .00 \$/210L

signature of Chemical Analyst

Court CVR

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

**Analyst** 

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 6630 Test Date: 08/26/2019 Test Time: 1:39pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
BT	Pass	1:39pm

#### Blank Tests

Test	Status	Time	
AIR	Pass	1:40pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:40pm
CAL	Pass	1:40pm

Preventive Maintenance Status: Pass

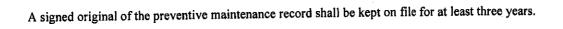
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 0086/4 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_\_, 20<u>//</u>\_, the foregoing preventive maintenance day of HUSUST I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number



#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 08/26/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	2:23pm
AIR BLK	.00	2:24pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:26pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BAK	.00	2:30pm

Reported AC:

ر 210L/<del>و</del>ر 00

Signature of Chemical Analyst

Court CVR

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 08/26/2019 Test Record Number: 4340

Test Time: 2:31pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:32pm
DET	Pass Pass	2:32pm 2:32pm
BAR	Pass	2:32pm
$\mathtt{BT}$	Pass	2:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm

#### CRC Tests

2:33pm 2:33pm

Preventive Maintenance Status: Pass

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

County	PARE Instrument Location Dale Co. Defentise	77
Instrument Se	erial No. 008783 1044 Distance On Manter	<u>, (</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:	— У
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;	ow:
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.	ts,
procedures we	on the 33 day of 4057, 20 19 the forgoing preventive maintenant vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	ice
OF THE STATE OF TH		

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

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's\_Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:14pm 12:15pm 12:16pm 12:17pm 12:17pm 12:18pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 865

Test Date: 08/23/2019

Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

#### Blank Tests

Test	Status	Time

AIR Pass 12:24pm

#### Printer Tests

Test Status	s Time
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PRNT Pass 12:24pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

	MIOAMETE	Mo, Model in for Ec	111.11
County	PARE	Instrument Location Date	Co. Detention Co
Instrument Se	erial No. 00 8804	Instrument Location Date (	od Pr., Manter,
The preventive four months a		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic bre legree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;	•	
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that procedures w Department of	on theday of were performed on the instrument in of Health and Human Services, and	August, 20 19 the indicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance ent regulations of the N.C.
CREAT OF THE PROPERTY OF THE P	CAROLLI CAROLL	ion. fleel	64 mmg
•	Si	gnature of Certifying Official	Certificate Number

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

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 0045-5468
Effective:
07/08/2019-07/08/2021

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

Lot Number: AG902106 Exp Date: 01/21/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 08/23/2019

Test Record Number: 2270
Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	12:23pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
		4
AIR	Pass	12:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:24pm

12:24pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	PARE Instrument Location Kill Devil Hills P.D.
Instrument Se	Instrument Location KILL Devil Hills P.P.  rial No. DO8844 102-TOWN HALL Pr., KILL Devil Hills  N.S.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
· 2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  on the
	rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF IN STATE OF IN	Signature of Certifying Official Certificate Number

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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 08/23/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0045-5468
Effective:
07/08/2019-07/08/2021

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

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	2:03pm 2:03pm
ACCY CHK AIR BLK	.08	2:04pm 2:05pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST AIR BLK	.00 .00	2:08pm 2:09pm
TIV DIV		2.050

Reported AC: \_.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Record Number: 2255
Test Date: 08/23/2019 Test Time: 2:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:12pm

Preventive Maintenance Status: Pass

Pass

2:12pm

CAL

Analyst

-11	INTOXIMETERS, MODEL INTOX EC/IR II
County D	Instrument Location Thomas V. 16
Instrument Se	rial No. 008872 Police Department
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	de Farcen 655
	Signature of Certifying Official Certificate Number
A signed aria	ringl of the preventive maintenance record shall be kent on file for at least three years

DHHS 4080 (11/07)

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 08/13/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
ATR BLK	. 00	2:28pm

-- /O1 OT

md ma

Reported AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1440

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	2:31pm 2:31pm 2:31pm
BAR BT	Pass Pass	2:31pm 2:31pm 2:31pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:31pm

### Printer Tests

Test	Status	Time	
PRNT	Pass	2:31pm	

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location

County Davidson	Instrument Location Davidson Count
Instrument Serial No. 008845	Loxine ton N.C.

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

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

I certify that on the \_\_\_\_\_\_day of \_\_\_\_\_\_, 20\_\_\_\_\_, the foregoing preventive maintenance procedures were performed on the 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.

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 08/13/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	1:15pm 1:15pm
ACCY CHK	.08	1:15pm
AIR BLK	.00	1:17pm
SUB TEST	.00	1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:21pm
ATR BLK	.00	1:22pm

.00 g/210L Reported AC:

signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

#### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 3224 Test Date: 08/13/2019 Test Time: 1:23pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

#### 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	1:25pm

Preventive Maintenance Status: Pass

Pass

1:25pm

CAL

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

	INTOXIMETERS, MODEL INTOX EC/IR II
County	lavidSm Instrument Location Laxington
Instrument Se	erial No. 008883 Police Department
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of da
TATS THE CREAT OF	Signature of Certifying Official Certificate Number
A signed ori	ginal of the preventive maintenance record shall be kept on file for at least three years.

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 08/13/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG ATR BLK	Pass	11:53am 11:54am
ACCY CHK	.08	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:59am
ATR BLK	. 00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 2111

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm 12:01pm
		- <b>-</b>

#### Blank Tests

Test	Status	Time
ΔTD	Dagg	12.02pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007\_

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

County	DAVIDSON Instrument Location BAT MOBILE 3
Instrument S	erial No. 008968  THOMASVILLE PD  DAVIDSON Co. 5.0.
	DAVIDSON CO. S.O.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the 3/64 day of August, 20_19, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to of Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

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

DAVIDSON BAT MOBILE UNIT 3 280

Serial Number: 008968 Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	7:04pm 7:05pm 7:05pm
AIR BLK	.00	7:06pm
SUB TEST	.00	7:07pm
AIR BLK	.00	7:08pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:10pm

Penorted AC.

**%**/2101

Signature of Chemical Analyst

Court OVR

**A**nalysi

#### DAVIDSON BAT MOBILE UNIT 3 280

Serial Number: 008968

Test Record Number: 301 

System Check: Passed

#### Baseline Tests

#### Temperature Tests

Status	Time
Pass	7:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR Pass 7:12pm

#### Printer Tests

Test	Status	Time

PRNT Pass 7:12pm

#### CRC Tests

Test	Status	Time
COMP	Pass	7:13pm

Preventive/Maintenance Status: Pass

Analyst

VE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Javie Instrument Location Lavie Count
Instrument Serie	ai No 008905 96.1 Modes Ville NC
The preventive four months are	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of da
and the second seco	Control of the Contro
STATE STATE OF STATE	Signature of Certifying Official Certificate Number
A signed orig	inal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 08/16/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	4:10pm 4:11pm 4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:14pm
SUB TEST	.00	4:16pm
ATR BLK	. 0.0	4:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Numan Services

#### DAVIE COUNTY DAVIE COUNTY JAIL 290

Test Record Number: 2401 Serial Number: 008905 Test Time: 4:22pm EDT Test Date: 08/16/2019

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:22pm
FLO	Pass	4:22pm
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	4:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:23pm 4:23pm

Preventive Maintenance Status: Pass

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

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

County	-hom	Instrum			mobile	Un.71	,
Instrument Seri	al No. <u>608939</u>	_0	rham	50	· · · · · · · · · · · · · · · · · · ·	· ·	<del></del>
The preventive four months are	maintenance procedures for the l	Intoximeters	s, Model I	ntox EC/IR II	to be follow	ved at least one	e every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			the alcoholic	breath simu	lator thermom	eter show
2.	Verify instrument displays tim	e and date;			*.		
3.	Initiate breath test sequence;						
4.	Enter information as prompted	l;					
5.	Verify instrument accuracy;		4.				
6.	When "PLEASE BLOW" app	ears, collec	t breath sa	mple;			
7.	When "PLEASE BLOW" app	ears, collect	t breath sa	mple;			
8.	Print test record;	· · · · · · · · · · · · · · · · · · ·					
9.	Verify Diagnostic Program; ar	ıd					
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	ister is bein inged every	g changed four mont	before expir hs or after 12	ation date, or 5 Alcoholic	r the alcoholic Breath Simula	breath tor tests,
	the day ofday ofday ofday of	dicated abov	ve, in acco	rdance with o	urrent regul	oreventive mai ations of the N	ntenance .C.
STATE OF STA	CAROLINIA A	<u> </u>		<del></del>	)	(60	

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

Certificate Number

#### DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008939 Test Date: 08/02/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, UASON R
Permit Number: 19145E
Effective:
03/01/2018-03/01/2020

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

> Lot Number: AG902201 Exp Date: 01/22/2021

rest	a\srnn	Time
DIAG	Pass	9:36pm
AIR BLK	.00	9:36pm
ACCY CHK	.08	9:37pm
AIR BLK	.00	9:38pm
SUB TEST	.00	9:39pm
AIR BLK	.00	9:40pm
SUB TEST	.00	9:41pm
AIR BLK	.00	9:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008939 Test Record Number: 961 Test Date: 08/02//2019 Test Parime: 9:43pm EDT

System Check: Passed

### Baseline Tests

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#### Temperature Tests

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SRC		Pass		9:43	Adam, the
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DET		Pass		9:43	mor
BAR	GC-talkery			7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	31 A S
DAR		Pass		9:43	pm
BT		Pass		9:43	mm
Table 1					٠,

#### Blank Tests

Test		Time	
AIR	SS		
		9:44 pm	

#### Printer Tests

Test Status Time

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Preventive Maintenance Status: Pass

Pass

9:44pm

CAL

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

Analyst

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

Instrument S	erial No		
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follare:	lowed at least once	e every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sit 34 degrees, plus or minus .2 degree centigrade;	mulator thermome	ter show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		<i>*</i>
5,	Verify instrument accuracy;	· .	
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;	·	
9,	Verify Diagnostic Program; and	:	
1 <b>0</b> .	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.		
	on the	ng preventive main gulations of the N.	
AN QUANT			

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

Signature of Certifying Official

Certificate Number

### DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008898 Test Date: 08/02/2019

Citation Number: M00000000000 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 03/01/2018-03/01/2020

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

> Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG	Pass	9:37pm
AIR BLK	.00	9:38pm
ACCY CHK	.07	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

Analyst

### DURHAM COUNTY BAT MOBILE UNIT 1 310

Serial Number: 008898 Test Date: 08/02/2019

Test Record Number: 1004 Test Time: 9:44pm EDT

System Check: Passed

### Baseline Tests

Test Status Time	
	Μ.,
IR Pass 9:45p	m
- 12 <u>22</u> 2502 - 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	***
FLO Pass 9:450	m
FC Pass 9:45p	m ·

#### Temperature Tests

	100	No Land
Test Status	Tir	'nΑ
	类区域形式	KAROVIO LO
그 경기는 어머니까? 그는 이글 작품을 살고했다. 함께		
FC1 Pass	9	45 pm
	2 F 10	# 2 P.III
SRC Pass	9.0	45pm
그리는 사람들은 그는 그는 그는 그를 가장하지 않는 것은 그래?	-7-16£/16	To Puir
DET Pass	Ο,	15 pm
お <b>示</b> 変には、1000円の <b>示点を変換が</b> がなってん	25460948	#317111
BAR Pass	· 0	15pm
	L.	i o Dirr
BT Pass	G //	15pm
		รอโลแ

#### Blank Tests

Test Status Time

AIR Pass 9/45pm

#### Printer Tests

Test Status Time

PRNT Pass 9:46pm

CRC Tests

Test Status Time

COMP Pass 9:46pm CAL Pass 9:46pm

Preventive Maintenance Status: Pass

Analyst

I when performing Preventive Maintenance pr

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008659 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 08/09/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	12:22pm 12:22pm
ACCY CHK AIR BLK	.08 .00	12:23pm 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 CYR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

#### FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 5238

Test Date: 08/09/2019

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 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:31pm 12:31pm 12:31pm 12:31pm 12:31pm
		-

#### Blank Tests

Test	Status	Time
ATR	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

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II		
County FOVSYTH Instrument Location FOVSYTH Count		
Instrument Serial No. 008583 Defention  Waster-Sclem		
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:		
<ol> <li>Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;</li> </ol>		
2. Verify instrument displays time and date;		
3. Initiate breath test sequence;		
4. Enter information as prompted;		
5. Verify instrument accuracy;		
6. When "PLEASE BLOW" appears, collect breath sample;		
7. When "PLEASE BLOW" appears, collect breath sample;		
8. Print test record;		
9. Verify Diagnostic Program; and		
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that on the		
THE STATE OF NOTICE AND THE STATE OF THE STATE		
Signature of Certifying Official Certificate Number		
A signed original of the preventive maintenance record shall be kept on file for at least three years.		

DHHS 4080 (11/07)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 08/09/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:53am 11:53am 11:54am 11:55am <b>11:56am</b> 11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Record Number: 7764 Test Date: 08/09/2019 Test Time: 12:01pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:02pm
FLO	Pass	12:02pm
FC	Pass	12:02pm

## Temperature Tests

Test	Status	Time
FC1	Pass	12:02pm
SRC	Pass	12:02pm
DET	Pass	12:02pm
BAR	Pass	12:02pm
$\mathtt{BT}$	Pass	12:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:03pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:03pm
	CRC Tests	

Test	Status	Time
COMP	Pass Pass	12:03pm 12:03pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

	PREVENTIVE MAINTENANCE RECORD
	INTOXIMETERS, MODEL INTOX EC/IR II
County 17	SYM Instrument Location Torsy the Count
Instrument Seria	INO. 008925 Detention
	Winstan-Salam, NO
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were	the day of day of , 20 1 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
Department of I	Health and Human Services, and the instrument is functioning properly.
all STATE or	
1 S 1 2	



Signature of Certifying Official

Certificate Number

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Date: 08/09/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CYR

Analyst

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

Department of Health and Human Services Rev 12/2007

## FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008925 Test Record Number: 2855 

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:48am 11:48am
FC	Pass	11:49am

# Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	<b>11:</b> 49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am

## Blank Tests

Test	Status	Time
λΤD	Dagg	11./Qam

## Printer Tests

Test	Status	Time
PRNT	Pass	11:49am

## CRC Tests

Test	Status	Time
COMP	Pass	11:49am
CAL	Pass	11:49am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services,

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Market Control of the	INTOXIMETERS, MODEL INTOX EC/IR II
County Ty	Syth Instrument Location Keyner Ville
Instrument Seria	INO.008650 Police Departmen
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	theday of
THE STATE OF THE S	Challe faile 655
	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)

## FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 08/09/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	9:35am 9:35am
ACCY CHK	.07	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
AIR BLK	.00	9:38am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

. .

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

## FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 1558

System Check: Passed

# Baseline Tests

# Temperature Tests

Test	Status	Time
FC1	Pass	9:43am
SRC	Pass	9:43am
DET	Pass	9:43am
BAR	Pass	9:43am
BT	Pass	9:43am

#### Blank Tests

Test	Status	Time
ATR	Pass	9:43am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43am

## CRC Tests

Test	Status	Time
COMP	Pass	9:43am
CAL	Pass	9:43am

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

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying

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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Date: 08/05/2019

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

Subject'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:
01/01/2018-01/01/2020

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

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/12/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33am 11:34am
ACCY CHK	.00	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
ATR BLK	0.0	11 · 39am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GASTON COUNTY BELMONT PD 350

Serial Number: 008733 Test Record Number: 1181 Test Date: 08/05/2019 Test Time: 11:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pass	11:40am
BAR	Pass	11:40am
${f BT}$	Pass	11:40am

## Blank Tests

Test	Status	Time
	•	
ΔTD	Dagg	11 · 41 am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:41am
CAL	Pass	11:41am

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location\_ 425 N. 11) The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. 4. Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record;

Verify Diagnostic Program; and 9.

Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

\_, the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



8.

Signature of Certifyin Official

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643 Test Date: 08/21/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	12:57pm
AIR BLK ACCY CHK	.00 .07	12:58pm 12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:02pm
ATR PIK	. 0.0	1:03pm

Reperted AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008643

Test Record Number: 3351
Test Time: 1:04pm EDT

Test Date: 08/21/2019 Test Time

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:04pm 1:04pm
FC	Pass	1:04pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
$\mathrm{DE}\mathbf{T}$	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

## Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CDC Esste	

#### CRC Tests

Test	Status	Time
COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

Analyst

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

County G	uston Instrument Location Grastin County SO
Instrument Se	erial No. 008684 425 N Marietta St., Gastonia
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures to Department	day of
Total City	Signature of Certifying Official Certificate Number

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684 Test Date: 08/21/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:59pm
ACCY CHK	.08	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

## GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684

Test Record Number: 4432

Test Date: 08/21/2019

Test Time: 1:06pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

# Printer Tests

iest	Status	TTIIIE
PRNT	Pass	1:07pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst/

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

County_	Gaston Instrument Location Bat Mob. le Unit Z
Instrume	nt Serial No. <u>00 9973</u>
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on the 31 day of 100000000000000000000000000000000000
GREAT	Signature of Certifying Official  Certificate Number

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

GASTON BAT MOBILE UNIT 02

Serial Number: 008973

Test Date: 08/31/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101

Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:54pm
AIR BLK	.00	6:55pm
ACCY CHK	.08	6:56pm
AIR BLK	.00	6:57pm
SUB TEST	.00	6:57pm
AIR BLK	.00	6:58pm
SUB TEST	.00	7:00pm
AIR BLK	.00	7:00pm

Signature of Chemical Analyst

Court CVR

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008973 Test Record Number: 702 Test Date: 08/31/2019 Test Time: 7:02pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:02pm
FLO	Pass	7:02pm
FC	Pass	7:02pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:02pm
SRC	Pass	7:02pm
DET	Pass	7:02pm
BAR	Pass	7:02pm
${ t BT}$	Pass	7:02pm

## Blank Tests

Test	Status	Time
AIR	Pass	7:03pm

## Printer Tests

Test	Status	Time
PRNT	Pass	7:03pm

# CRC Tests

Test	Status	Time
COMP	Pass	7:03pm
CAL	Pass	7:03pm

Preventive Maintenance Status: Pass

Analyst

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

County 6	astou Instrument Location But Mobile Unt 2
Instrument Se	erial No. DUSS70
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, coilect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday of
AND SECTION OF THE CREAT OF THE	

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

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008970 Test Date: 08/31/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
05/01/2019-05/01/2021

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	6:53pm
AIR BLK	.00	6:54pm
ACCY CHK	.08	6:55pm
AIR BLK	.00	6:56pm
SUB TEST	.00	6:56pm
AIR BLK	.00	6:57pm
SUB TEST	.00	6:59pm
AIR BLK	.00	7:00pm

Repdrted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

## GASTON BAT MOBILE UNIT 02 350

Serial Number: 008970 Test Record Number: 643 Test Date: 08/31/2019 Test Time: 7:01pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	7:01pm
FLO	Pass	7:01pm
FC	Pass	7:01pm

# Temperature Tests

Test	Status	Time
FC1	Pass	7:01pm
SRC	Pass	7:01pm
DET	Pass	7:01pm
BAR	Pass	7:01pm
BT	Pass	7:01pm

## Blank Tests

Test	Status	Time
	**	
AIR	Pass	7:02pm

# Printer Tests

Test	Status	Time
PRNT	Pass	7:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:02pm 7:02pm

Preventive Maintenance Status: Pass

Analyst

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

		ERS, MODEL INTOX EC	
County Cr	akanı	Instrument Location Cora ha	im Co. 50.
Instrument Seria	1No. <u>008915</u>	Robbinsville,	VC
The preventive r four months are:		Intoximeters, Model Intox EC/IR II to b	ne followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nnister is being changed before expiratio nanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the 5th day of A corporation on the instrument in Health and Human Services, and	d the instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
			·
STATE OF THE STATE	CAROLIN CAROLI		
AVRIL 12, UTB	De Car	IR Cuther	635
•	Si	ignature of Certifying Official	Certificate Number

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

## GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 08/05/2019

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

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

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	11:25am
AIR BLK	.00	11:25am
ACCY CHK	.08	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 772
Test Date: 08/05/2019 Test Time: 11:33am EDT

System Check: Passed

## Baseline Tests

	100
Test Status	Time
IR Pass	11:34am
FLO Pass	11:34am
FC Pass	11:34am

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:34am 11:34am 11:34am 11:34am
	11 (a) (b)	

#### Blank Tests

Test	Status	Time
10,2		•
AIR	Pass	11:35am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:35am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35am
CAL	Pass	11:35am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location VNC - Greens bo The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Officia

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 08/08/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

11/01/2018-11/01/2020

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

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:09pm 5:10pm 5:10pm 5:12pm 5:12pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services

# GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1815

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:20pm 5:20pm
FC	Pass	5:20pm

## Temperature Tests

Test	Status	Time
FC1	Pass	5:20pm
SRC	Pass	5:20pm
DET	Pass	5:20pm
BAR	Pass	5:20pm
$\mathtt{BT}$	Pass	5:20pm

## Blank Tests

Test	Status	Time
AIR	Pass	5:21pm

## Printer Tests

Test	Status	Time
PRNT	Pass	5:21pm

## CRC Tests

COMP Pass 5:21p	•

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County ( 1	Instrument Location Greenshow P. D.
Instrument Seria	aino.008725 100 Federal Plaza Greenshovo, N.C.
	Greenshoro, N.C.
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures wer	the day of day o
STATE OF STA	
+ EST QUAN VIDE	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number
A signed origin	nal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 08/08/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

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

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	10:30am
AIR BLK	.00	10:31am
ACCY CHK	.08	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
ATR BIK	.00	10:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVB

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

# GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Record Number: 4436
Test Date: 08/08/2019 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 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:39am 10:39am 10:39am 10:39am 10:39am

## Blank Tests

Test	Status	Time
AIR	Pass	10:39am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:39am
	CDC Tests	

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

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II
County (Shilker Instrument Location (Treens horo)
dellace
Instrument Serial No OO 86 58
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the
THE STATE OF NO. 175 N
Succession of the favor of the
Signature of Certifying Official Certificate Number
A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 08/07/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

- /0101

m-i -----

Test	g/210L	Time
DIAG AIR BLK	Pass	12:21pm 12:22pm
ACCY CHK	.08	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:27pm
ATR BLK	.00	12:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CV

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4249
Test Date: 08/07/2019 Test Time: 12:30pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:30pm 12:30pm
FC	Pass	12:30pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:30pm 12:30pm
DET .	Pass	12:30pm
BAR	Pass	12:30pm
BT	Pass	12:30pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:31pm

## Printer Tests

PRNT Pass 12:31pm	Test	Status	Time
	PRNT	Pass	12:31pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:31pm
CAL	Pass	12:31pm

Preventive Maintenance Status: Pass

Analysi

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (	Instrument Location 670	zens boro Gai
	erial No.(108790)	
. * * * .*		
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	•
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	25 Alcoholic Breath Simulator tests,
procedures v	on theday of, 20	current regulations of the N.C.
STAT STATE S	E O PO CAROLLA	
1	Signature of Certifying Official	Certificate Number

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 08/07/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK ACCY CHK	.00	11:52am 11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:57am
AIR BLK	.00	11:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintonance procedures

Analys

Forensie Tests for Alcohol Branch
Department of Health and Human Services

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6544
Test Date: 08/07/2019 Test Time: 12:00pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:00pm 12:00pm
FC	Pass	12:00pm

## Temperature Tests

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

## Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:0 <b>1</b> pm
	CDC Ecata	

#### CRC Tests

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	Instrument Location (Sycensboro) (3)
Instrument S	erial No. <u>608794</u>
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
WAYD STATE OF THE CAREAT OF TH	ale Far Cen
	Signature of Certifying Official Certificate Number
A signed ori	ginal of the preventive maintenance record shall be kept on file for at least three years.

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 08/07/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:29am 11:30am 11:30am 11:31am 11:32am 11:33am
SUB TEST	.00	11:35am
ATR BLK	. 0.0	11:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Test Date: 08/07/2019 Test

Test Record Number: 6665 Test Time: 11:37am EDT

Test IIIIc. II.57am 221

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:37am 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	<b>11:</b> 37am
${f BT}$	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. 13/2007

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6665 Test Date: 08/07/2019 Test Time: 11:37am EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

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

	PREVENTIVE MAINTENANCE RECORD
	INTOXIMETERS, MODEL INTOX EC/IR II
County	Hord Instrument Location UNC-Greens Bu
Instrument Seri	al No. 008604 Campus Police De
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	theday of, 20, the foregoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CREAT	
A signed origin	Signature of Certifying Official Certificate Number nal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 08/05/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	2:27pm
AIR BLK	.00	2:28pm
ACCY CHK	.08	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

a/lex

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

## GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 1809

Test Date: 08/05/2019

Test Time: 2:38pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:39pm
FLO	Pass	2:39pm
FC	Pass	2:39pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:39pm
SRC	Pass	2:39pm
DET	Pass	2:39pm
BAR	Pass	2:39pm
BT	Pass	2:39pm

#### Blank Tests

Test	Status	Time
λTD	Dadd	2 · 4 0 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:40pm 2:40pm

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

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County 64 Ford Instrument Location 6 Veens bors PL

Instrument Serial No. 008725 100 Federal Plaza

6 Veens bors 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;
- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.



Signature of Certifying Official

Certificate Number

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

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 08/05/2019

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: FARLEY, CYNTHIA D Permit Number: 24123E Effective:

11/01/2018-11/01/2020

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

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

Reported AC: .00 g/210L

Couz t CVR

Analyst

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

Department of Health and Human Services

# GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 08/05/2019

Test Record Number: 4431 Test Time: 12:23pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:24pm
SRC	Pass	12:24pm
DET	Pass	12:24pm
BAR	Pass	12:24pm
$\mathtt{BT}$	Pass	12:24pm

#### Blank Tests

Test	Status	Time
	*	
ΔTŘ	Pass	12:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	

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

Preventive Maintenance Status: Pass

Analyst

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

	PREVENTIVE MAINTENANCE RECO	
County	INTOXIMETERS, MODEL INTOX EC/I	nskar Ja. 1
Instrument S	erial No. <u>008794</u>	
The prevention	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bread 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
I certify tha procedures Departmen	t on theday ofduj, 20, the forewere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly	rent regulations of the N.C.
STAND STANDS	E ON TO BE CANONIC OF THE CANONIC OF	
TO QUAM	( ) We Tarkey	653
	Signature of Certifying Official	Certificate Number
A signed or	ginal of the preventive maintenance record shall be kept on file for at least	three years.

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 08/01/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

11/01/2018-11/01/2020

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

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG	Pass	2:20pm
AIR BLK	.00	2:21pm
ACCY CHK	.07	2:22pm
AIR BLK	.00	2:23pm
SUB TEST	.00	2:24pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm

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

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 6650 Test Date: 08/01/2019 Test Time: 2:29pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
${ t FLO}$	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

Preventive Maintenance Status: Pass

Pass

2:30pm

CAL

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX,EC/IR II Instrument Location Instrument Serial No. 608790 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  $20 \frac{1}{1}$ , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 08/01/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

# GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Record Number: 6532 Test Date: 08/01/2019 Test Time: 1:39pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:39pm
SRC	Pass	1:39pm
DET	Pass	1:39pm
BAR	Pass	1:39pm
-BT	Pass —	-1:39pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

1:40pm

Analyst

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

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

بىر	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Instrument Location Oversboro fai
Instrument Se	rial No. 00 8638
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
············ 5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
THE STATION OF THE ST	Signature of Certifying Official Certificate Number
A signed ori	ginal of the preventive maintenance record shall be kept on file for at least three years.

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Date: 08/01/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	1:04pm 1:04pm
ACCY CHK	.08	1:05pm
AIR BLK SUB TEST	.00 .00	1:06pm 1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:11pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007-

## GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638 Test Record Number: 4240 Test Date: 08/01/2019 Test Time: 1:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:12pm
FLO	Pass	1:12pm
FC	Pass	1:12pm

# Temperature Tests

Test	Status	Time
FC1	Pass	1:13pm
SRC	Pass	1:13pm
DET	Pass	1:13pm
BAR	Pass	1:13pm
BT	Pass	1:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:13pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:13pm

1:13pm

Preventive Maintenance Status: Pass

Pass

CAL

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

Department of Health and Human Services

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	VilWe Instrument Location High Point
Instrument Seri	al No. 008655 Qa. 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official  Certificate Number
A signed orig	inal of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 08/12/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	4:44pm
AIR BLK	.00	4:45pm
ACCY CHK	.07	4:45pm
AIR BLK	.00	4:46pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:48pm
SUB TEST	.00	4:49pm
AIR BLK	.00	4:50pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

## GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Record Number: 3439 Test Date: 08/12/2019 Test Time: 4:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:52pm
FLO	Pass	4:52pm
FC	Pass	4:52pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:52pm
SRC	Pass	4:52pm
DET	Pass	4:52pm
BAR	Pass	4:52pm
$\mathtt{BT}$	Pass	4:52pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:53pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:53pm

# CRC Tests

Test	Status	Time
COMP	Pass	4:53pm
CAL	Pass	4:53pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Pests for Alcohol Branch

Department of Health and Human Services

	PREVENTIVE MAINTENANCE RECORD
	INTOXIMETERS, MODEL INTOX EC/IR II
County /	Wilfard Instrument Location (T) ( A CO; M)
	Grand Police Beson thent
Instrument Se	rial No. 008828
	!
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on the 12+1 day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 08/12/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:18pm 5:19pm 5:19pm
AIR BLK	.00	5:20pm
SUB TEST	.00	5:21pm
AIR BLK	.00	5:22pm
SUB TEST	.00	5:24pm
ATR BLK	.00	5:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVB

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

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 3141

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	5:26pm
FLO	Pass	5:26pm
FC	Pass	5:26pm

# Temperature Tests

Test	Status	Time
FC1	Pass	5:26pm
SRC	Pass	5:26pm
DET	Pass	5:26pm
BAR	Pass	5:26pm
$\mathtt{BT}$	Pass	5:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	5:26pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	5:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:27pm
CAL	Pass	5:27pm

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

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

County /-/A	LIFAX Instrument Location ROANOKERAPIDS PD
Instrument Se	rial No. 068635 1040 ROANOKE AVE ROANOKE RAPINS, NE
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of, 20, 20
-	
OF THE STAT	E OF NO.
FERE QUAM'S	$\frac{1}{2}$
	Signature of Certifying Official Certificate Númber

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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 08/02/2019

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

Subject'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: 0032-6608
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG911501 Exp Date: 04/25/2021

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	3:52pm
AIR BLK	.00	3:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Record Number: 1717 Test Date: 08/02/2019 Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
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	3:55pm
CAL	Pass	3:55pm

Preventive Maintenance Status: Pass

Analyst

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

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

County H	ALIFAX Instrumen	t Location RUANOKE	RAPIDS PD
Instrument Se	erial No. <u>008656</u> /040 /K	ONNOKE AVE 1	ROANOILE RAFIDS, 1
The preventive four months a	ve maintenance procedures for the Intoximeters, Mare:	lodel Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad	ure, or the alcoholic breatle;	h simulator thermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect b	reath sample;	
, <b>7.</b>	When "PLEASE BLOW" appears, collect b	reath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		·
10.	Verify that the ethanol gas canister is being of simulator solution is being changed every for whichever occurs first.	changed before expiration ur months or after 125 Ald	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v	on theday ofAUGUST were performed on the instrument indicated above of Health and Human Services, and the instrumen	, 20 <u>/9</u> the for , in accordance with current t is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STAT	TE OF NO.		
* ESSE QUAM	THOMAS AND	Anoll	637
	Signature of Cert	ifying Official	Certificate Number

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 08/02/2019

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

Subject'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: 0032-6608
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG902201 Exp Date: 01/22/2021

-- /01 01

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

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

#### HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656

Test Record Number: 663

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:58pm
FLO	Pass	3:58pm
FC	Pass	3:59pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

#### Blank Tests

Test	Status .	Time
AIR	Pass	3:59pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:59pm
CAL	Pass	3:59pm

Preventive Maintenance Status: Pass

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

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

County H	ALIFAX	Instrument Location / AUFA	y Co. SHERIFF'S OFFI
Instrument S	erial No. <u>008695</u>	355 FERRELL CN	HALIFAX, NC
The prevention four months	ve maintenance procedures for the In	toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic bre gree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	` <b>1</b>	
10.	Verify that the ethanol gas canis	ster is being changed before expirations after 125 A	
procedures v	on the <u>52</u> day of <u>112</u> day of 112 da	icated above, in accordance with curr	rent regulations of the N.C.
TARIO STATE CINE TO STATE OF THE CINE TO STATE OF T	- June Marie	Danta ature of Certifying Official	637 Certificate Number

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

#### HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695

Test Record Number: 2763

Test Date: 08/02/2019

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
$\mathtt{BT}$	Pass	1:23pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:23pm

#### Printer Tests

rest	Status	TTHE
PRNT	Pass	1:23pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:24pm
$\mathtt{CAL}$	Pass	1:24pm

Preventive Maintenance Status: Pass

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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: 0032-6608
Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	1:15pm 1:16pm 1:16pm 1:17pm 1:18pm
AIR BLK	.00	1:19pm
SUB TEST	.00	1:20pm
AIR BLK	.00	1:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	ARNET Co. Instrument Location DUNH Police Dept.
Instrument Se	erial No. 008644 DUNN, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STATION OF	

HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Date: 08/27/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK		1:19pm
ACCY CHK	.07	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm
SUB TEST	.00	1:23pm
ATR BLK	.00	1:24pm

Reported M:

Signature of Chemical Analyst

Court CVR

### HARNETT COUNTY DUNN PD 420

Serial Number: 008644 Test Record Number: 1399

Test Date: 08/27/2019

Test Time: 1:25pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	4 .	Status	Time
FC1 SRC DET BAR BT		Pass Pass Pass Pass	1:26pm 1:26pm 1:26pm 1:26pm 1:26pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:26pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:26pm
CAL	Pass	1:26pm

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County HAR	1ett Co.	Instrument Location 1914	110 - 1 - 0 1
Instrument Seria	ul No. <u>008429</u>	Lillington	4, NC
The preventive if four months are	naintenance procedures for the In	toximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic ree centigrade;	c breath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		•
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9,	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expir ged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that on a procedures were Department of F	the	cated above, in accordance with the instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
OF THE STATE OF A			
THE CHANGE OF THE PARTY OF THE	The care of the ca		
Winners and American		ture of Certifying Official	Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:41am 11:42am
ACCY CHK	.08	11:43am
AIR BLK	.00	11:44am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC.

00 A/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 2351 Test Date: 08/27/2019 Test Time: 11:48am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:49am 11:49am
FC		11:49am
rc	Pass	11:49am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:49am
SRC	Pass	11:49am
DET	Pass	11:49am
BAR	Pass	11:49am
BT	Pass	11:49am

### Blank Tests

Test	Status	Time
		•
AIR	Pass	11:49am

### Printer Tests

1696	Status	ттие
		* .
PRNT	Pass	11:50am

### CRC Tests

Test	Status	Time
		4. *
COMP	Pass	11:50am
CAL	Pass	11:50am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location [-[4]] Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501

Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	11:29am 11:30am
ACCY CHK	.08	11:31am 11:32am
AIR BLK SUB TEST	.00 .00	11:32am
AIR BLK	.00	11:33am
SUB TEST	.00	11:35am
AIR BINK	.00	11:36am

Reported AC:

.00 æ/210L

Signature of Chemical Analyst

Court CVR

Analyst

## HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 3243

Test Date: 08/27/2019

Test Time: 11:36am EDT

14 to 1 to 1

## System Check: Passed

### Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:37am 11:37am
DET	Pass	11:37am
BAR	Pass	11:37am
${f BT}$	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
CINT	Dagg	11.20 am

Preventive Maintenance Status: Pass

Analyst

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

County /-/ay	wood Instrum	nent Location Haywood	Co. Jail
Instrument Ser	ial No. 008712 Wa	the state of the s	
The preventive four months ar	maintenance procedures for the Intoximeters e:	s, Model Intox EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister displays pr 34 degrees, plus or minus .2 degree centig	essure, or the alcoholic breath sim	ulator thermometer show
2.	Verify instrument displays time and date;	<del></del>	<u>.</u> .
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appears, collect	breath sample;	
7.	When "PLEASE BLOW" appears, collect	breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.	g changed before expiration date, of four months or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
I certify that on procedures wer Department of	the 6 day of 1 4665 day of Health and Human Services, and the instrument	, 20 / 7 the forgoing e, in accordance with current regunt is functioning properly.	preventive maintenance lations of the N.C.
OR STATE OF THE ST	Emily R.		435

### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	3:08pm 3:09pm 3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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### HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 2251
Test Date: 08/06/2019 Test Time: 3:21pm EDT

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:23pm
CAL	Pass	3:23pm

Preventive Maintenance Status: Pass

Analyst

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

, 1	A TOXINETERS, MODEL INTOXICATION
County /+ y	Instrument Location Hyde (O. S. O.
Instrument Seria	Instrument Location Hyde (U. S.D.  INO. 00 8801 1233 Main St., Swan Quarter
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the 29 day of 45, 20 19, the foregoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Date: 08/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

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rest	9/2101	TIME
DIAG AIR BLK	Pass	10:36am 10:37am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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### HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801 Test Record Number: 516
Test Date: 08/29/2019 Test Time: 10:43am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44am 10:44am
FC	Pass	10:44am

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:44am 10:44am
DET	Pass	10:44am 10:44am
BAR	Pass	10:44am
$\mathtt{BT}$	Pass	10:44am

### Blank Tests

Test	Status	Time
AIR	Pass	10:44am

### Printer Tests

Test St	atus	Time
PRNT Pa	ass :	10:45am

### CRC Tests

Test	Status	Time
COMP	Pass	10:45am
CAL	Pass	10:45am

Preventive Maintenance Status: Pass

Analyst

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

County	Instrument Location BAN Mobile Um + 2
Instrument S	erial No. 00 8970
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on the
STAT STATE STATE OF THE STATE O	

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 08/03/2019

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

Subject'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: 05/01/2019-05/01/2021

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

> Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	4:24pm
AIR BLK ACCY CHK	.00 .08	4:25pm 4:26pm
AIR BLK	.00	4:27pm
SUB TEST	.00	4:27pm
AIR BLK	.00	4:28pm
SUB TEST	.00	4:29pm
AIR BLK	.00	4:30pm

Signature of Chemical Ana

Court CVR

### IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008970 Test Date: 08/03/2019

Test Record Number: 623
Test Time: 4:32pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:32pm
FLO	Pass	4:32pm
FC	Pass	4:32pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:32pm
SRC	Pass	4:3.2pm
DET	Pass	4:32pm
BAR	Pass	4:32pm
BT	Pass	4:32pm

### Blank Tests

Test	Status	Time
ATR	Pass	4 · 3 3 mm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:33pm

### CRC Tests

Test	Status	Time
COMP	Pass	4:33pm
CAL	Pass	4:33pm

Preventive Maintenance Status: Pass

Analyst

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

County	recle 1) Instrument Location But Mobile Unit 2
Instrument Se	rial No. 008973
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	

IREDELL BAT MOBILE UNIT 02 480

Serial Number: 008973 Test Date: 08/03/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

05/01/2019-05/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	4:09pm
AIR BLK	.00	4:10pm
ACCY CHK	.08	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

IREDELL BAT MOBILE UNIT 02 480

Test Date: 08/03/2019 Test Time: 4-30 Serial Number: 008973

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:19pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
$\mathtt{BT}$	Pass	4:19pm

### Blank Tests.

Test	Status	Time
AIR	Pass	4:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:20pm

### CRC Tests

Test	Status	Time
COMP	Pass	4:20pm
CAL	Pass	4:20pm

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_, the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certify

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809 Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020
Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:33pm 2:34pm 2:34pm
AIR BLK SUB TEST	.00 .00	2:35pm 2:36pm
AIR BLK	00	2:37pm
SUB TEST	.00	2:38pm
ATR BLK	. 00	2 · 3 9 mm

Reparted AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008809

Test Record Number: 4224

Test Date: 08/05/2019 Test Time: 2:39pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

Status	Time
Pass	2:40pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	2:41pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:41pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:41pm
CAL	Pass	2:41pm

Preventive Maintenance Status: Pass

	PREVENTIVE MAINTENANCE RECORD	
County I	INTOXIMETERS, MODEL INTOX EC/IR	1)e PD
Instrument Se	008(10 2005 to 115)	Statesville
mstrument sv		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol are:	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that procedures v Department	t on theday of, 20	g preventive maintenance regulations of the N.C.
TABLE QUAM		656 Certificate Number

#### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 08/22/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	10:35am 10:36am
ACCY CHK	.07	10:37am
AIR BLK	.00	10:38am
SUB TEST	.00	10:39am
AIR BLK	.00	10:40am
SUB TEST	.00	10:41am
AIR BLK	.00	10:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619

Test Record Number: 1613

Test Date: 08/22/2019

Test Time: 10:43am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:43am
FC	Pass	10:44am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

### Blank Tests

Test	Status	Time

AIR Pass 10:44am

#### Printer Tests

Test	Status	Time	
	•		

PRNT Pass 10:44am

## CRC Tests

Test	Status	Time
COMP	Pass	10:45am

Preventive Maintenance Status: Pass

Analyst

	PREVENTIVE MAINTENANCE RECORD
	INTOXIMETERS, MODEL INTOX EC/IR II
County	rede   Instrument Location   Moresville 41)
Instrument Ser	ial No. 008685 950 W. Iredell Ave., Morresville
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o	on the DD day of A9057, 20_19, the foregoing preventive maintenance
procedures we	re performed on the instrument indicated above, in accordance with current regulations of the N.C.
Department o	f Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Mar Jan 656
	Signature of Certifying Official Certificate Number

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 08/22/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	12:04pm 12:05pm
ACCY CHK	.07	12:06pm
AIR BLK SUB TEST	.00 .00	12:07pm 12:07pm
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
ATR RIK	. 0.0	$12 \cdot 10 \text{ pm}$

RepArted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 3221 Test Date: 08/22/2019 Test Time: 12:11pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:12pm

### Printer Tests

Test

PRNT	Pass	12:13pm
	CRC Tests	
Test	Status	Time
COMP CAL	P <b>ass</b> Pass	12:13pm 12:13pm

Status

Time

Preventive Maintenance Status: Pass

Analyst

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

County Jackson	Instrument Location Tackson Co. Jail
Instrument Serial No. 008722	Sylva, Ne
The preventive maintenance procedures for the Into four months are:	ximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees.	plays pressure, or the alcoholic breath simulator thermometer show see centigrade;
2. Verify instrument displays time a	nd date;
3. Initiate breath test sequence;	
4. Enter information as prompted;	·
5. Verify instrument accuracy;	
6. When "PLEASE BLOW" appear	s, collect breath sample;
7. When "PLEASE BLOW" appear	s, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; and	
	er is being changed before expiration date, or the alcoholic breath ed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of day of procedures were performed on the instrument indicated Department of Health and Human Services, and the	ated above, in accordance with current regulations of the N.C.
STATE OF NO.	
* CSE CHAM VIDE *	R. All 635  use of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 08/02/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

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

09/01/2017-09/01/2019

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

Lot Number: AG734102 Exp Date: 12/07/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

**Analyst** 

### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Record Number: 1138
Test Date: 08/02/2019 Test Time: 1:49pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:49pm
FLO	Pass	1:49pm
FC	Pass	1:49pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:49pm
SRC	Pass	1:49pm
DET	Pass	1:49pm
BAR	Pass	1:49pm
${ t BT}$	Pass	1:49pm

### Blank Tests

Test	Status	Time
AIR	Pass	1:50pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:50pm

### CRC Tests

Test	Status	Time
COMP	Pass	1:50pm
CAL	Pass	1:50pm

Preventive Maintenance Status: Pass

Analyst

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

County Ja	ckson Instrument Location Jackson Co. Jail
Instrument Ser	ial No. <u>008708</u> <u>Sylva</u> , NC
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	n the 2 nd day of Hus us , 20 / 9 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
TATE OF THE STATE	WOOLING CAROLING CARO
FIRE IC. IT	Signature of Certifying Official Certificate Number

### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	1:41pm
AIR BLK	.00	1:41pm
ACCY CHK	.08	1:42pm
AIR BLK	.00	1:43pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm
SUB TEST	.00	1:46pm
AIR BLK	.00	1:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 1457

Test Date: 08/02/2019 Test Time: 1:47pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
${ t BT}$	Pass	1:48pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying Official

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846 Test Date: 08/23/2019

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

Subject'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: 07682E
Effective:
12/01/2017-12/01/2019

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

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:50pm 3:51pm 3:51pm
AIR BLK	.00	3:52pm
SUB TEST	.00	3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:56pm
AIR BLK/	.00	3:57pm

Reported AC: .00 2210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008846

Test Record Number: 4836

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	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
BT	Pass	3:58pm

#### 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	3:59pm	
CAL	Pass	3:59pm	

Preventive Maintenance

Śtatus: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_, the foregoing preventive maintenance I certify that on the \_ procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

rest	9/210Б	Time
DIAG	Pass	3:40pm
AIR BLK	.00	3:41pm
ACCY CHK	.08	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm
SUB TEST	.00	3:46pm
AIR BLAX	.00	3:47pm

Reported AC. .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### JOHNSTON COUNTY DETENTION CENTER 500

Serial Number: 008810 Test Record Number: 3786
Test Date: 08/23/2019 Test Time: 3:50pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:50pm 3:50pm
FC	Pass	3:50pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:51pm
SRC	Pass	3:51pm
DET	Pass	3:51pm
BAR	Pass	3:51pm
BT	Pass	3:51pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:51pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:51pm
CAL	Pass	3:51pm

Preventive Maintenance Status: Pass

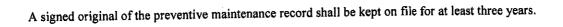
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. ///, the foregoing preventive maintenance day of Thugusi procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number



Department of Health and Human Services, and the instrument is functioning properly.

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658 Test Date: 08/23/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902201 Exp Date: 01/22/2021

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

Reported AC: /00 g/210L

Signature of Chamical Analyst

Court CVR

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

Analyst

#### JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658

Test Record Number: 1526

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:16pm
FLO	Pass	2:16pm
FC	Pass	2:16pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:16pm
SRC	Pass	2:16pm
DET	Pass	2:16pm
BAR	Pass	2:16pm
BT	Pass	2:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:17pm
CAL	Pass	2:17pm

Preventive Maintenance /Status: Pass

Analyst

Instrument Serial No. 28595 Selvia MC  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the day of day o		PREVENTIVE MAINTENANCE RECORI INTOXIMETERS, MODEL INTOX EC/IR	II
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the Aday of Accust 1, 20 A, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	County J		Police Dept.
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the Aday of Accust 1, 20 A, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		in 128595 Selvia NC	
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the Aday of Accust 1, 20 1, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	Instrument Se	mai No	
2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the day of da	The preventive four months a	re:	
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	2.	Verify instrument displays time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the day of day	3.	Initiate breath test sequence;	
6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	4.	Enter information as prompted;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tess whichever occurs first.  I certify that on the	5.	Verify instrument accuracy;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.  I certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.  I certify that on the	8.	Print test record;	
simulator solution is being changed every four months of after 123 Alcoholic Breath Smithator test whichever occurs first.  I certify that on the	9.	•	
Procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months of after 123 Alco	ate, or the alcoholic breath sholic Breath Simulator tests.
The count with the country with the coun	1	t on the uay of	nt regulations of the N.C.
Signature of Certifying Official Certificate Number	GUEAT	Service of the servic	654 Certificate Number

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Date: 08/28/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	9:43am
AIR BLK	.00	9:43am
ACCY CHK	.07	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 Ag: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595 Test Record Number: 1376
Test Date: 08/28/2019 Test Time: 9:50am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
BT	Pass	9:50am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:51am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:51am

#### CRC Tests

Test	Status	Time
COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance

Status: Pass

Analyst

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

County John!	Stort Co. Instrument Location Pierrs or Police Dept.
Instrument Serial	NO. CO9885 BENSON NC
The preventive m four months are:	aintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on th procedures were p Department of He	day of
STATE OF NO. 1777 NO.	Signature of Certifiving Official Certificate Number

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	2:28pm 2:29pm 2:29pm 2:30pm 2:31pm 2:31pm 2:33pm
SUB TEST	.00	· -
AIR BLK	.00	2:34pm

Reported M: .90 g/210L

signature of Chemical Analyst

Court CVR

#### JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885 Test Record Number: 569

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR .	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:35pm
SRC	Pass	2:35pm
DET	Pass	2:35pm
BAR	Pass	2:35pm
BT	Pass	2:35pm

#### Blank Tests

Test		Status	Time
AIR	4	Pass	2:36pm

#### Printer Tests

rest	112 23	Status	Time
PRNT		Pass	2:36pm

#### CRC Tests

Test	•	Status	rime
COMP CAL		Pass Pass	2:36pm 2:36pm
and the second second			

Preventive Maintenance

Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECTR II
County	Lee Co. Instrument Location SAN FORD Pelice Depi
Instrumen	t Serial No. 008861 SAN FORD, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedus Departm	that on theday of
* ESSE	Signature of Certifying Official Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 08/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:56pm 12:57pm 12:57pm 12:58pm 12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
ATR RIK	0.0	1 : 0.2  rom

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 1127

Test Date: 08/29/2019

Test Time: 1:05pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

#### Blank Tests

Test Status Tim
-----------------

AIR Pass 1:06pm

#### Printer Tests

Test		Status	Time

PRNT Pass 1:06pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:06pm
CAL	Pass	1:06pm

Preventive Maintenance
// Status: Pass

Analyst

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

County	Lee Co. Instrument Location Lee Co. VA:
Instrument	Serial No. 008645 SANFORD, MC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha	at on theday of
procedures Departmen	were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly.
STA STA OUR STAND RESTRICT OF THE STAND OF THE STAND OUR STAND OF THE	Signature of Certifying Official  Certificate Number

LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Date: 08/29/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07682E

Effective:

12/01/2017-12/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911501 Exp Date: 04/25/2021

rest	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:03pm 12:04pm 12:05pm
SUB TEST	.00	12:06pm <b>12:06pm</b>
AIR BLK	.00	12:07pm
SUB TEST	.00	12:09pm
AIR BLK	.00	12:09pm

Reported AC. . 90 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### LEE COUNTY DETENTION CENTER 520

Serial Number: 008645 Test Record Number: 1962 Test Date: 08/29/2019 Test Time: 12:10pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	12:11pm

#### Printer Tests

Test		
PRNT	Pass	12:11pm
	CDC Final	

#### CRC Tests

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

Preventive Maintenance Status: Pass

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

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	incoln Instrument Location Lincoln County Courthous
Instrument Se	erial No. 008823 #1 Court Square, Lincolnton
The preventive four months a	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that procedures Departmen	9 August 2019 the foregoing preventive maintenance
OF THE STA	Signature of Certifying Official  Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 08/09/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	8:35am 8:35am 8:36am 8:37am
SUB TEST	.00	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:40am
AIR BLK	.00	8:41am

Repg/t/ted AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Record Number: 1537

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:41am
FLO	Pass	8:41am
FC ·	Pass	8:41am

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:42am 8:42am
DET	Pass	8:42am
BAR	Pass	8:42am
ВT	Pass	8:42am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:42am

#### Printer Tests

Test	Status	Time
דואקם	Pass	8:42am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:42am
CAL	Pass	8:42am

Preventive Maintenance Status: Pass

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

County L	-incoln Instrument Location Lincoln County Co	iurthause
Instrument So	Serial No. 008827 #1 Court Square, Lincolnton	
The prevention four months	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least ones are:	once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermo 34 degrees, plus or minus .2 degree centigrade;	meter shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcohol simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator occurs first.	
	nat on theday ofA UGUS +, 20, the foregoing preventive ma s were performed on the instrument indicated above, in accordance with current regulations of the ent of Health and Human Services, and the instrument is functioning properly.	untenance he N.C.
OTHE STATION OF THE S		- Jumber

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 08/09/2019

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	8:06am
AIR BLK	.00	8:07am
ACCY CHK	.07	8:07am
AIR BLK	.00	8:09am
SUB TEST	.00	8:09am
AIR BLK	.00	8:10am
SUB TEST	.00	8:12am
ATR BLK	. 00	8:13am

Reported AC: \.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 3215

Test Date: 08/09/2019

Test Time: 8:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:15am 8:15am
FC	Pass	8:15am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:16am
SRC	Pass	.8:16am
DET	Pass	8:16am
BAR	Pass	8:16am
BT	Pass	8:16am

#### Blank Tests

Test	Status	Time
AIR	Pass	8:16am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:16am 8:16am

Preventive Maintenance Status: Pass

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

County Ma		Instrument Location Macon	Co. Jail
Instrument Se	erial No. <u>008789</u>	Franklin, NC	· .
The preventive four months a	ve maintenance procedures for the lare:	Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breat egree centigrade;	th simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca	nister is being changed before expiration anged every four months or after 125 Al	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that procedures v Department	t on the <u>30</u> day of <u>Aa</u> were performed on the instrument tof Health and Human Services, an	indicated above, in accordance with curi nd the instrument is functioning properl	going preventive maintenance rent regulations of the N.C. y.
·			
OREAT STATE OF THE PROPERTY OF	E ON ORDER		
A COSE QUAN	Si	gnature of Certifying Official	Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 08/30/2019

Citation Number: M0000000-0 Subject's Name:

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

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

Lot Number: AG902106 Exp Date: 01/21/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789

Test Record Number: 652

Test Date: 08/30/2019

Test Time: 11:57am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:57am 11:57am
FC	Pass	11:58am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:58am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

Preventive Maintenance Status: Pass

Pass

CAL

11:58am

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

County Ma	Instrument Location // Jacon C	o. Masistrate
Instrument Se	erial No. 008795 1tighlands	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower:	wed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sim 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	side and the second
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
	t on the, 20, the foregoing were performed on the instrument indicated above, in accordance with current r t of Health and Human Services, and the instrument is functioning properly.	preventive maintenance egulations of the N.C.
STAN STAN STAN STAN STAN STAN STAN STAN	CAROLL CA	
AFRI 12.	( ) and -	635
	Signature of Certifying Official	Certificate Number

#### MACON COUNTY MACON CO MAGISTRATE 550

"Serial Number: 008795 Test Date: 08/23/2019

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
~09/01/2017-09/01/2019

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

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	11:19am 11:20am 11:21am 11:21am 11:22am 11:23am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### The Mainteness EC/IR-II: Preventive Mainteness.

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Record Number: 476
Test Date: 08/23/2019 Test Time: 11:27am EDT

#### System Check Passed

#### Baseline Tests

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

#### Temperature Tests

1
ì,
1
j
1
)

#### Blank Tests

Test	Status	Time
AIR	Pass	. 11:28am

#### Printer Tests

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

Preventive Maintenance Status: Pass

Pass

CAL

11:28am

Analyst

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

County M	ARTIN Instrument Location MARTIN Co. 5,0,		
Instrument Seria	No. 008912 305 E. MAIN ST., William STON, N.C.		
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
<b>3.</b>	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 30 th day of AUGUST, 20 19 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
THE STATE OF THE S	Signature of Certifying Official Certificate Number		

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 08/30/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

Subject'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: 0045-5468

Effective:

07/08/2019-07/08/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:29am 10:30am 10:30am
AIR BLK	.00	10:31am
SUB TEST	.00	10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Fine & Leise Analyst

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 1520

Test Date: 08/30/2019

Test Time: 10:36am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:37am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:37am

10:37am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	a. Kly whole Instrument Location Huntels Ville PD
Instrument Serie	al No. 008747 Instrument Location Hunters Ville PD  9630 Julian Clark Ave., Huntersville
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on the
STATE OF STA	Signature of Certifying Official Certificate Number

### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 08/05/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:43pm 12:43pm 12:44pm 12:45pm 12:45pm 12:46pm
SUB TEST	.00	12:48pm
ATR BLK	.00	12:49pm

.00 g/210L

of Chemical Analyst Signature

Court CVR

#### MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747

Test Record Number: 2733

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time	

AIR Pass 12:51pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:51pm

### CRC Tests

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

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTQX EC/IR,II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 08/01/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG904301 Exp Date: 02/21/2021

Test	g/210L	Time
DIAG	Pass	1:00pm
AIR BLK	.00	1:01pm
ACCY CHK	.08	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY PINEVILLE PD 590

Test Record Number: 5766 Serial Number: 008703 

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:09pm
CAL	Pass	1:09pm

Preventive Maintenance Status: Pass

County	INTOXIMETERS, MODEL INTOX EC/IR II  Mechlenburg Instrument Location Pineville
Instrument	Serial No. 008703 427 Main St., Pineville
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
, <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Departme	s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
GREAT SE	A L

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

DHHS 4080 (11/07)

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 08/13/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG904301 Exp Date: 02/21/2021

g/210L	Time
Pass .00 .08	11:03am 11:03am 11:04am 11:05am
.00	11:05am
.00	11:06am
.00	11:08am
.00	<b>11:</b> 09am
	Pass .00 .08 .00 .00

Reported AC: \.00 g/210L

Signature of Chemical

Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5771 Test Date: 08/13/2019 Test Time: 11:10am EDT

System Check: Passed

Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:11am

#### Printer Tests

Status	Time
Pass	11:11am
CRC Tests	
Status	Time
	Pass CRC Tests

Preventive Maintenance Status: Pass

Pass

Pass

11:12am

11:12am

COMP

CAL

Analyst

County M	INTOXIMETERS, MODEL INTOX EC/IR II  Leckley Surg Instrument Location Mothews PD
Instrument Se	marcac 1201 Con 21 Matheway
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures of Department	t on the 23 day of 1905, 2019, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. to Health and Human Services, and the instrument is functioning properly.
TARE QUAN	Signature of Certifying Official Certificate Number

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 08/23/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:
01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:26pm 2:27pm 2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:30pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Record Number: 2799
Test Date: 08/23/2019 Test Time: 2:33pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	P <b>as</b> s	2:34pm
FLO	Pass	2:34pm
FC	Pass	2:34pm

#### Temperature Tests

Test	<b>Sta</b> tus	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	<b>Pas</b> s	2:34pm
BAR	<b>Pas</b> s	2:34pm
$\mathtt{BT}$	Pass	2:34pm

#### Blank Tests

Test	Status	Time
ΛTD	Dage	2 · 34 mm

#### Printer Tests

Test	<b>Sta</b> tus	Time
PRNT	<b>Pas</b> s	2:34pm
	CRC Tests	
Test	Status	Time

2:35pm

2:35pm

Preventive Maintenance Status: Pass

Pass

Pass.

COMP

CAL

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II		
County /	Necklen Bure Instrument Location BAT MOBILE 3	
Instrument Ser	MechlesBure Instrument Location / SAF MOBILE 3 rial No. 008969 CMPO	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	
I certify that procedures v Department	on theday of	
THE STATION OF THE ST		

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008969 Test Date: 08/14/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:17pm 10:17pm 10:18pm 10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:20pm
SUB TEST	00 ر	10:22pm
AIR BLK	<b>/</b> .00	1/0:23 pm

Reported AC:

Chemi¢al Analyst

Analyst

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

Rev. 12/2007

#### MECKLENBURG BAT MOBILE 3 590

Serial Number: 008969 Test Record Number: 287

Test Date: 08/14/2019

Test Time: 10:26pm 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 10:27p	m
SRC Pass 10:27p	m
DET Pass 10:27p	m
BAR Pass 10:27p	m
BT Pass 10:27p	m

#### Blank Tests

Test	Status	Time
ΔTP	Dagg	10 · 27 pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm

#### CRC Tests

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenange Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II  County Nocklenburg Instrument Location Bas Mobile 3			
County	Serial NoOO8968 CMPD		
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify the procedure Department	nat on theday of		
OREAT SEL	ATE ON THE ON THE OWNER OF CARTIFICIAL STATE OF CARTIFICATE Number		

#### MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Date: 08/14/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210 <b>L</b>	Time
DIAG AIR BLK	Pass	8:34pm 8:35pm
ACCY CHK	.07	8:35pm
AIR BLK	.00	8:36pm
SUB TEST AIR BLK	<b>.00</b> .00	8:37pm 8:38pm
SUB TEST	.00	8:39pm
AIR BLK	<b>≁.</b> 00	8,:40pm

Reported AC:

2/d/210L

Signature of Chemidal 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

#### MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968 Test Record Number: 294

Test Date: 08/14/2019 Test Time: 8:43pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
ATR	Pass	8:44pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:44pm

#### CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

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

CountyA/	4514 Instrument Location Raky Mourt PD
Instrument Seria	1 Instrument Location ROCKY Mount PD  #1 GOVERNMENT PL Rocky Mount, NC
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the
STATE OF N WE ST	OR THE CANON
FOR QUAM VIOLEN	Signature of Certifying Official Certificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	9:11am
AIR BLK	.00	9:12am
ACCY CHK	.08	9:12am
AIR BLK	.00	9:13am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
AIR BLK	.00	9:17am

Reported AC: \_\_\_00 g/210L

Signature of Chemical Analyst

Court CVR

### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 722 

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:18am
FLO	Pass	9:18am
FC	Pass	9:18am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:18am
SRC	Pass	9:18am
DET	Pass	9:18am
BAR	Pass	9:18am
BT	Pass	9:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:19am
	CRC Tests	

lest	Status	Time
COMP	Pass	9:19am
CAL	Pass	9:19am

Preventive Maintenance Status: Pass

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

County NASH	· · ·	_ Instrume	nt Location	ROCKY	Morni	T PU
Instrument Serial No. <u>C</u>	008741	#1 Gw	ernment	PL	Rock,	Mant, NC
			76		· · · · · ·	•
The preventive maintent four months are:	ance procedures for the	Intoximeters,	Model Into	x EC/IR II to	be followed a	t least once every
1. Verify 34 de	the ethanol gas canistogrees, plus or minus .2	er displays pre degree centigra	ssure, or the	alcoholic br	eath simulator	thermometer show
2. Verify	y instrument displays ti	me and date;	·			N.
3. Initiat	te breath test sequence;	in the second se	•		*	
4. Enter	information as prompte	ed;				
•	y instrument accuracy;		.•		, jako estoja	,
e i de la companya d La companya de la co	"PLEASE BLOW" ap			٧.	e de la companya de l	
	n "PLEASE BLOW" a	ppears, collect	breath samp	ole;	′	
	test record; y Diagnostic Program;	and	-			
10. Verif	y that the ethanol gas ca ator solution is being claever occurs first.	anister is being	changed be our months	efore expirat or after 125	ion date, or the Alcoholic Brea	alcoholic breath ath Simulator tests,
I certify that on the procedures were perfor Department of Health	day of	Tugust t indicated abound the instrum	, 20 ve, in accor nent is func	dance with c	regoing prever urrent regulati erly.	ntive maintenance
No service of						
CARE STATE OF A STATE	Alke	signature of Ce	Arc.	icial	Cert	62 ificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

g/210L	Time
Pass	9:02am 9:02am
.07	9:03am
.00	9:04am
.00	9:05am
.00	9:06am
.00	9:08am
.00	9:09am
	Pass .00 .07 .00 .00

Reported AC: \_\_00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Record Number: 2444
Test Date: 08/06/2019 Test Time: 9:09am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:10am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:10am
SRC	Pass	9:10am
DET	Pass	9:10am
BAR	Pass	9:10am
$\mathtt{BT}$	Pass	9:10am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:10am 9:10am

Preventive Maintenance Status: Pass

Analyst

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

County /	VASH Instrument Location NAShvillo PD		
Instrument Se	rial No. 008630 501 5. BARROS ST NAShville, NC		
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department	on theday of, 20, 20, the foregoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.		
VAMIO DE STATE	Signature of Certifying Official  Certificate Number		

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630 Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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, STOKES

Permit Number: 11434E

Effective:

04/01/2019-04/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG902106 Exp Date: 01/21/2021

Test	g/210L	Time
DIAG AIR BLK	Pass	12:09pm 12:10pm
ACCY CHK	.08	12:10pm
AIR BLK	.00	12:1 <b>1</b> pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

#### NASH COUNTY NASHVILLE PD 630

Serial Number: 008630

Test Record Number: 4501

Test Date: 08/02/2019

Test Time: 12:15pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:16pm 12:16pm
DET	Pass	12:16pm
BAR	Pass	12:16pm
${ t BT}$	Pass	12:16pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:17pm

#### Printer Tests

Test

CAL

PRNT	Pass	12:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:17pm

Status

Time

12:17pm

Preventive Maintenance Status: Pass

Pass

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

County /	AsH	Instrument Location JAT	MORDE UNS 6
Instrument S	erial No. <u>609174</u>	ROCKY MOUNT	
The preventifour months:	ve maintenance procedures for the In	itoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic b gree centigrade;	reath simulator thermometer sho
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
<b>.</b> 6, .	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.	ter is being changed before expirat ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests
I certify that procedures w Department o	on the 30 day of 4wd ere performed on the instrument inc of Health and Human Services, and	licated above, in accordance with c	regoing preventive maintenance urrent regulations of the N.C. erly.
STATE OF THE STATE	AND		
EGE QUAN VIO		ture of Certifying Official	Certificate Number

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Date: 08/30/2019

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG902201 Exp Date: 01/22/2021

rest	g\510₽	Time
DIAG	Pass	7:41pm
AIR BLK	,00	7:42pm
ACCY CHK	.07	7:43pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:45pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm

Reported AC: -.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

### NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776 Test Date: 08/30/2019

Test Record Number: 3529 Test Time: 7:49pm EDT

System Check: Passed

#### Baseline Tests

Test		Status	Time
IR		Pass	7:49pm
FLO	17	Pass	7:49pm
FC	100	Pass	7:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	7:49pm
SRC	Pass	7:49pm
DET	Pass	7:49pm
BAR	Pass	7:49pm
BT	Pass	7:49pm

#### Blank Tests

Test		Status	Time
A 1 1 1 1 1	+ 1	10 mm (1 mm)	
ATR		Dage	7 - E0mm

#### Printer Tests

TER	L	St	atu	ls .		.'1 N	ie.	
	444				1			٠,٠
PRN'	${f T}$	Pa	ıss	, ·	- 11.5	: 5	Or	m

#### CRC Tests

rest	4,	Status	Time
ur ku Zint			
COMP	 	Pass	7:50pm
CAL		Pass	7:50pm

Preventive Maintenance Status: Pass

Analyst

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

County	VASH	Instrument Location 1AT MONDE UND 6
Instrument Se	erial No. OOYCYC	ROCKY MOUNT
	***	
The preventive four months a	ve maintenance procedures for the In are:	toximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath simulator thermometer sho tree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appea	ars, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
1 <b>0</b> .	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests
I certify that of procedures we Department of	ere performed on the instrument ind	, 20_19_, the foregoing preventive maintenance licated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE OF STA		
100000000000000000000000000000000000000	Signal	ture of Certifying Official Certificate Number

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008686 Test Date: 08/30/2019

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG807101 Exp Date: 03/12/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

### NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008686 Test Date: 08/30/2019

Test Record Number: 6635 Test Time: 10:16pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:16pm
FLO	Pass	10:16pm
FC	Pass	10:17pm

#### Temperature Tests

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

#### Blank Tests

Test	 191	Status	Time

AIR Pass 10:17pm

#### Printer Tests

Test Status Time

PRNT Pass 10:17pm

CRC Tests

Test Status Time

COMP Pass 10:18pm CAL Pass 10:18pm

Preventive Maintenance Status: Pass

Analyst

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

County_\(\sqrt{\lambda}\)	URTHAMPTUN Instrument Location WRTHAMPTU	1 Co SHEAUFFESOF					
Instrument Se	erial No. 008688 105 W. JEFFERSON ST	- JACKSON, N					
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe:	owed at least once every					
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;						
2.	Verify instrument displays time and date;						
3.	Initiate breath test sequence;						
4.	Enter information as prompted;	Enter information as prompted;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;						
7.	When "PLEASE BLOW" appears, collect breath sample;						
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,					
I certify that procedures v Department	on the	ng preventive maintenance gulations of the N.C.					
THE STAN SO TO THE STAN SO THE ST	E OCTOR	120					
	Signature of Certifying Official	Certificate Number					

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 08/02/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0032-6608

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	5:34pm 5:35pm 5:36pm 5:37pm 5:37pm 5:38pm
SUB TEST	.00	5:40pm
ATR BLK	. 00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688

Test Record Number: 822

### System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
вт	Pass	5:45pm

#### Blank Tests

Test		Status	Time
AIR	·	Pass	5:46pm

### Printer Tests

Test	Status	3 TIME
· .	All the second	
PRNT	Pass	5:46pm

### CRC Tests

Test	Status	Time
COMP	Pass	5:46pm
CAL	Pass	5:46pm

Preventive Maintenance Status: Pass

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

County No.	Instrument Location NORTHAMPTON (a. SHERIFF'S OFFICE
Instrument Ser	al No. DO 8607 105 W. JEFFERSON ST. JACKSON, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	the
STATE OF THE STATE	CARD CARD CARD CARD CARD CARD CARD CARD
* FOF QUAM VID	Se De Daniel 637
	Signature of Certifying Official Certificate Number

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

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 08/02/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 0032-6608
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG807102 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	5:36pm
AIR BLK	.00	5:37pm
ACCY CHK	.07	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm
SUB TEST	.00	5:42pm
AIR BLK	. 00	5:43pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analy

### NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 1003

Test Date: 08/02/2019

Test Time: 5:45pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
•	4.3	
IR	Pass	5:45pm
FLO	Pass	5:45pm
FC	Pass	5:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	5:45pm
SRC	Pass	5:45pm
DET	Pass	5:45pm
BAR	Pass	5:45pm
BT	Pass	5:45pm

### Blank Tests

Test	Status	Time
	100	
ATR	Pass	5:46pm

### Printer Tests

Test	Status	Time
PRNT	Pass	5:46pm

### CRC Tests

Test	Status	Time
•	4	
COMP	Pass	5:46pm
CAL	Pass	5:46pm

Preventive Maintenance Status: Pass

Analyst

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

County	ONSCOU Instrument Location NAT MONDE UNIT C
Instrumen	t Serial No. 008719 1-1064 RDWE
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 31 day of AVLIST, 20/9, the foregoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
SLOT THE ST	ATE OF MODE
OF COMPANY	
A CASE CO	Signature of Certifying Official Certificate Number

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008779 Test Date: 08/31/2019

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

Analyst's Name: Varnell, Bryon L Permit Number: 0036-1210 Effective: 08/14/2019-08/14/2021

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

Lot Number: AG911506 Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Rev. 12/2007

### ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008779 Test Date: 08/31/2019 Test Record Number: 3578
Test Time: 4:54pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:54pm
FLO	Pass	4:54pm
FC	Pass	4:54pm

### Temperature Tests

Test	2		Status	Time
FC1			Pass	4:54pm
SRC		÷	Pass	4:54pm
DET	· 1		Pass	4:54pm
BAR	· ·	٠.	Pass	4:54pm
BT			Pass	4:54pm

#### Blank Tests

Test	, i	St	atr	ıs	Tin	ıe

AIR Pass 4:55pm

### Printer Tests

Test	· · · · ·	Status	Т	ime	
			 5.7		"
PRNT		Pass	4	: 55)	om

### CRC Tests

Test	Status	Time
COMP	Pass	4:55pm
CAL	Pass	4:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Pa	Instrument Location Polk County LEC
Instrument Se	rial No. 008694 164 Government Complex Dr., Columba
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday ofday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE OF THE STATE	M 1 (5)

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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008694 Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:44pm 1:44pm 1:45pm
AIR BLK	.00	1:46pm
SUB TEST	.00	1:47pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:49pm
AIR BLK	.00	1:50pm

Reported AC: \.00 g/210L

Signature of Chemical/Analyst

Court CVR

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

Analyst

### POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008694 Test Record Number: 1490

System Check: Passed

#### Baseline Tests

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

### Temperature Tests

Status	Time
Pass Pass Pass	1:51pm 1:51pm 1:51pm
Pass	1:51pm
Pass	1:51pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
	4 - 4	

1:52pmAIR Pass

### Printer Tests

Pass 1:52pm PRNT

### CRC Tests

Test	Status	Time
COMP	Pass Pass	1:52pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II
County Kandolph Instrument Location Archdale
Instrument Serial No. 008 191 Folice 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 show 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted,
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that on the
COROLL STATE OF THE STATE OF TH
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)

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791 Test Date: 08/23/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:57am 11:58am
ACCY CHK	.08	11:58am
AIR BLK SUB TEST	.00 .00	11:59am <b>12:00pm</b>
AIR BLK	.00	12:01pm
SUB TEST	.00	12:03pm
ATR BLK	.00	12:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Department of Health and Human Services

Rev. 12×2007

### RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791

Test Record Number: 1333

Test Date: 08/23/2019

Test Time: 12:05pm EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	12:07pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:07pm
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	12:07pm 12:07pm

Preventive Maintenance Status: Pass

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

Rev. 12/2007

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

INTOXIMETERS, MODEL INTOX EC/IR II			
County	ROBESON Instrument Location TEMBROKE		
Instrument S	Gerial No. 008837 Instrument Location POLICE DEPT		
The prevent four months			
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
	hat on theday ofdugged, 20, the foregoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.		
SE S	NATE OF THE PARTY		

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

DHHS 4080 (11/07)

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: Male
Driver's License State: XX

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

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olu Ra Ban Analyst

### ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Record Number: 1048

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:18pm 12:18pm
FC.	Pass	12:18pm

### Temperature Tests

Status	Time
Pass	12:19pm
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	KOBESON Instrument Location KED SPRINGS
Instrumen	t Serial No. OO8857 POLICE DEP
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	that on theday ofday ofday of, the foregoing preventive maintenance res were performed on the instrument indicated above, in accordance with current regulations of the N.C. ment of Health and Human Services, and the instrument is functioning properly.
GREAT,	SIATE OF THE STATE

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

### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857 Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:23pm 2:24pm 2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:29pm
AIR BLK	.00	2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857

Test Record Number: 562

Test Date: 08/19/2019

Test Time: 2:32pm EDT

### System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:32pm
FLO	Pass	2:32pm
FC	Pass	2:32pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:32pm 2:32pm 2:32pm 2:32pm 2:32pm
<del>-</del> -		_

### Blank Tests

Test	Status	Time
AIR	Pass	2:33pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:33pm
	CRC Tests	
		mi ma

Test	Status	Time
COMP	Pass	2:33pm
CAL	Pass	2:33pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II KOBESON Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. procedures were performed on the 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.

ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
	Pass .00 .08 .00 .00 .00	3:50pm 3:50pm 3:51pm 3:52pm 3:53pm 3:54pm 3:55pm 3:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### ROBESON COUNTY ST PAULS PD 770

Serial Number: 008814 Test Date: 08/19/2019 Test Record Number: 674
Test Time: 3:57pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:57pm
FLO	Pass	3:57pm
FC	Pass	3:58pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:58pm
SRC	Pass	3:58pm
DET	Pass	3:58pm
BAR	Pass	3:58pm
$\mathtt{BT}$	Pass	3:58pm

### 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	3:59pm				

Pass

3:59pm

Preventive Maintenance Status: Pass

CAL

Analyst

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

County	Robeson Instrument Location BAT Mobile #5  erial No. 8575 Lunder Longer
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	t on the <u>24</u> day of <u>Agus T</u> , 20/9, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE PARTY OF THE	

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

### THE SUBJECT TESTS OF THE SUBJECT TESTS

SESON COUNTY BAT MOBULE UNIT 5 770

rsjan i zu i Munyoara, *010/8/57/6* Masic /Dalea

Catation Number: Mologo 000 0.4 Subjects Name: <del>Acre</del> North Plant Manterace Species Date of Eigels, All 1911 Subjects sexu Male Driver's License State: XX Driver's Elicense Number: NONE

Analyst's Name: TODD, SHANE C Pasmut Number: 113915

07/27/2018-07/01/2020 FF

OFFICERUS Namen's NONE, NONE

Type of Agency Dagency: DHHS

Test Type Breath Test

166 Number 74807101 Dag Dacen 103/12/2020

mesics y g/210L Time

DIAG PASS #94.44pm ATR BLK 100 99.445pm ACCY CHK 108 99.46pm

ATOR BILK 00 9:47pm \$03 725F 00 9:47pm ATR BILK 00 9:48pm SUB 1125T 00 9:50pm ATR BILK 00 9:51pm

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Chambiration (CW/R):

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The man factorial Plant Excitenting Proventive Maintenance procedures and the control of the Albahall Branch the man material and to man Sawices.

### inglox engline with Preventive Maintenance

### robusion gouing a bat mobule unit 5 770

Maria II. Number: 008575 Rest Record Number: 1174 Test Deliet 0872472019 Dest Time: 9:53pm EDT

ayaten kehesik: Passed

Baselline Tests

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			₽a:		531	
	VF Is		Pa		531	
	FC		Pa		531	

Dest	Status	Tir	ne
	100		
FGL	Pass	9:	53pm
SRC	Pass	9.1	53pm
	A STANDARD OF THE PROPERTY OF	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	SECTION OF THE PROPERTY OF THE
DET	Pass		53pm
BAR	Pass	9:5	53pm
番中	Pass	OF FORE	mqE
	AND DESCRIPTION	STANFORM NOTES	<b>可能够到</b> 1960。

Blank Tests

/// Status Time

. Pass 9:54pm

Printer/Tests

: Status Time

/ Pass 9:54pm

ORC Tests

Tost 's Status Time

7 Pass 9:54pm 8 Pass 9:54pm clo)M(D C/Air

Preventave Maintenance Sbannen Pass

Analysi

the consensual viron performing Reventive Maintenance procedures tenerale lightor Alcolo librardis and the control of the condition of the control of 118.79. DAPONA

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

County	Robeson	Instrument Location	BAT Mbhile #5
Instrument Ser	rial No. <u>882C</u>	humbork	· INC
The preventive four months ar		kimeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		nolic breath simulator thermometer show
2.	Verify instrument displays time ar	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	-	
10.	Verify that the ethanol gas canister simulator solution is being change whichever occurs first.	r is being changed before e d every four months or afte	expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests
I certify that of procedures we Department of	on theday of ere performed on the instrument indic of Health and Human Services, and th	ated above, in accordance e instrument is functioning	the foregoing preventive maintenance with current regulations of the N.C. g properly.
ON STATE OF THE PROPERTY OF TH			
A SEE CLEAN WE		re of Certifying Official	Certificate Number

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

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COSTAGON COUNTY BAYT MORUTHAL UNITE IS WING TO

Salet Numberg 008826 press. Standard Williams Company of the Section 1987 press. Section 1988 press. Section 1987 press. Secti

Citation Number: M00000000000 |
In Subjects Name: WONE: New Arventue Muniference
Subjects Decayor Bitch: 11/11/1911
Subjects Sex: Male
Decayors ideanse State: XX
Delysals ideanse Number: MONE

Analysils Name: Wood, siave c Records Numbers 11391E exective: 107/27/2018-07/01/2020

Officer's/name: None, none

Type of Agency: FTA: -Agency: DHHS Test Type: Breath Test 

Lot Number: AG807101A:

Exp. Date: 03/12/2020

Testa g/210L Time

DTAC Pass 9:40pm ATRIBLK 00 9:41pm AGCX CEK 08 9:42pm 9:41pm 9:42pm 9:43pm ALR BUS 500

SGB REST 300 2 90447pm ATR BLK 300 29447pm 9:445pm 9::46j9m SUB 16559 400 -

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Received AG: 500 6/2101

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**企业**主动场

This corner to the procedures of the corner Korensic Lests for Alcohol Branch Lenguage of Calibrand Human Services #Rev#12/2007

ROBESON COUNTY BAT MOBILE UNIT 5 770

Servall Number: 008826 Test Record Number: 8119 Test Date: 08/24/2019 Test Time: 9:49pm EDT

System Check: Passed

### Baseline Tests:

Test s	itatus Time	
IR P	ass 9:49pm	
製造を開発した。 さんこうきょう	ass 9:49pm ass 9:49pm	

### Temperature Tests

Test Status	Time
FC1 Pass	9:49pm
SRC Pass	9:49pm
DET Pass	9:49pm
BAR Pass	9:49pm
BT Pass	9:49pm

### Blank Tests

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100	œu.	200.2	200	27.0	28.1	100	1744	21.3	-34	3.40	91.5	•	_		ero/s	e : 90	1	0.00		•	•	···		

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. 8707 Instrument Location BA	AT Mobile #15
Instrument S	erial No. 8707 Lumber tou	jac.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic l 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 125 whichever occurs first.	tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures v Department	on the	current regulations of the N.C.
•		
STATI STATI		
ESTE QUANTY		- 664

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

Signature of Certifying Official

Certificate Number

### Large are / reporting Subject property

COSTON COUNTY WATCHOUSE WINDER TO NITE STATE

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Subject's Dais of English 11/11/1911 Subject's Sexu Wale

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07/27/2013 = 07/01/2020 75 The first supplies the supplies of the supplies of

Office Coard Name of None of None

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5kgp Dates #3/12/2020 : 1

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/A.H.R. BIGK (90000)

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### ROBESON COUNTY BAT MOBILE UNIT 5 770

Solai Number: 6008707: Test Record Number: 2593 Test Date: 08/24/2019 Test Time: 10:05pm EDT

System Check: Passed

### Baseline Tests

A-2		
		-
FC Pass 10:06pm	pm.	-

### Temperature Tests

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#### Blank Tests

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AII	Pass 10:06p	m

### Printer Tests

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### CRC Tests

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Preventive Maintenance Status: Pass

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Rev. 12/2007

	PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II
County	OCH n ham Instrument Location KOCK Wrum
Instrument Serie	al No. 008796 (ounty )a: N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department o	on theday of, 20, the foregoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OREA!	S VOS IN CAROLING TO THE STATE OF THE STATE
SALE CONTRACTOR	Signature of Certifying Official Certificate Number
A signed orig	inal of the preventive maintenance record shall be kept on file for at least three years.

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 08/19/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENACE
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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

11/01/2018-11/01/2020

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

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG	Pass	1:18pm
AIR BLK	.00	1:18pm
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
ATR 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

Rev. 12/2007

### ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Record Number: 2848
Test Date: 08/19/2019 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	1:26pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:26pm

### CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2<del>007</del>-

INTOXIMETERS, MODEL INTOX EC/IR II  County Rockingham Instrument Location Eden Police  Instrument Serial No. 008636  Department			
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.		
I certify that procedures Department	t on the day of		
STATE STATE	E ON TO BE CAROLES		

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

Signature of Certifying Official

Certificate Number

### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 08/19/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	4:20pm 4:21pm 4:21pm 4:22pm 4:23pm
AIR BLK SUB TEST AIR BLK	.00 .00 .00	4:24pm 4:26pm 4:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Department of Health and Human Services

Rev. 12/2007

#### ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Record Number: 1983 Test Date: 08/19/2019 Test Time: 4:28pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:28pm
FLO	Pass	4:28pm
FC	Pass	4:28pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:28pm
SRC	Pass	4:28pm
DET	Pass	4:28pm
BAR	Pass	4:28pm
$\mathtt{BT}$	Pass	4:28pm

#### Blank Tests

Test	Status	Time
ATR	Pass	4:29pm

#### Printer Tests

rest	Status	TIME
PRNT	Pass	4:29pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:29pm
CAL	Pass	4:29pm

Preventive Maintenance Status: Pass

Analyst

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

Rev. 12/2007

Instrument Serial No. 00878 Instrument Location Percentage Percent

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

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

I certify that on the day of d



Signature of Certifying Official

Certificate Number

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784 Test Date: 08/20/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:43am 11:44am 11:45am 11:46am
AIR BLK	.00	11:47am
SUB TEST	.00	11:49am
AIR BLK	.00	11:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

#### ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784

Test Record Number: 1158

Test Date: 08/20/2019

Test Time: 11:52am EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:53am
SRC	Pass	11:53am
$\mathtt{D}\mathbf{E}\mathbf{T}$	Pass	11:53am
BAR	Pass	11:53am
$\mathtt{BT}$	Pass	11:53am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:53am

#### Printer Tests

Status	Time
Pass	11:53am
CRC Tests	
	Pass

Test	Status	Time
COMP	Pass	11:53am
CAL	Pass	11:53am

Preventive Maintenance Status: Pass

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

County R	Lingham Instrument Location Madison
Instrument Seria	al No. 008802 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 20 day of
OF THE STATE OF TH	Signature of Certifying Official Certificate Number
A signed origin	al of the preventive maintenance record shall be kept on-file for at least three years.

DHHS 4080 (11/07).

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 08/20/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:01pm 2:02pm 2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 831 Test Time: 2:12pm EDT

Test Date: 08/20/2019

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Status	Time
Pass	2:12pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	2 • 1 3 pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:13pm

#### CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

^	INTOXIMETE	RS, MODEL INTOA	ECIKI
County K	owan	_ Instrument Location	hina Grove
Instrument Se	erial No. <u>008862</u>	Police De	pardment
·			
The preventive four months a	ve maintenance procedures for the are:	Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholegree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before e hanged every four months or aft	expiration date, or the alcoholic breath for 125 Alcoholic Breath Simulator tests
I certify tha procedures Departmen	were performed on the instrument tof Health and Human Services, a	t indicated above, in accordance and the instrument is functionin	, the foregoing preventive maintenance with current regulations of the N.C. ng properly.
STAND REAL PROPERTY OF THE PRO	1'1())	Signature of Certifying Official	656 Certificate Number

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Date: 08/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	11:08am 11:09am
ACCY CHK	.08	11:10am
AIR BLK	.00	11:11am <b>11:11a</b> m
SUB TEST	.00	
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
ATR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862 Test Record Number: 870
Test Date: 08/08/2019 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:16am
FLO	Pass	11:16am
FC	Pass	11:16am

#### Temperature Tests

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

#### Blank Tests

Test	Status	Ti	LME	9	
	•			į.	,

AIR Pass 11:17am

#### Printer Tests

Test	Status	Time
ייואסס	Dagg	11 · 17am

#### CRC Tests

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

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

_	INTOXIMETERS, MODEL INTOX EC/IR II
County Ro	Instrument Location Sqhsbury
County_1\O	Police Department
Instrument Ser	rial No. (17 0 0000 )
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Departmen	day of
SEA TO SE	Signature of Ortifying Official Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 08/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Rev. 12/2007

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Record Number: 2350 Test Date: 08/08/2019 Test Time: 12:13pm EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:13pm
SRC	Pass	12:13pm
DET	Pass	12:13pm
BAR	Pass	12:13pm
BT	Pass	12:13pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:14pm
CAL	Pass	12:14pm

Preventive Maintenance Status: Pass

Analyst

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

_	INTOXIMETERS, MODEL INTOX EC/IR II
County Rou	Instrument Location Salisbury
Instrument Ser	ial No. 008868 Police Department
The preventive four months ar	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
. 3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	8 A.D. Kat 30.19 the foregoing preventive maintenance
STAIL	Signature of Certifying Official  Certificate Number

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 08/08/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

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

Reported AC: 00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Record Number: 3074
Test Date: 08/08/2019 Test Time: 12:17pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:18pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
$\operatorname{DET}$	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

#### Printer Tests

Test

PRNT	Pass	12:18pm
	CRC Tests	

Status

Time

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

Preventive Maintenance Status: Pass

Analyst

		ETERS, MODEL INTOX ECO	
County	Serial No. 008968		7 7 7 0 10 1
Instrument S	erial No. <u>UUU/UU</u>	700000	
The preventi		or the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas c 34 degrees, plus or min	anister displays pressure, or the alcoholic bre us .2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displa	ays time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pre	ompted;	
5.	Verify instrument accur	acy;	
6.	When "PLEASE BLOV	V" appears, collect breath sample;	
7.	When "PLEASE BLOV	V" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	ram; and	
10.	Verify that the ethanol simulator solution is be whichever occurs first.	gas canister is being changed before expiration ing changed every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify tha procedures Departmen	were performed on the instru	f HUGUST, 20/9, the for ment indicated above, in accordance with cu ices, and the instrument is functioning prope	rrent regulations of the N.C.
THE STATE OF THE PARTY OF THE P	THE OF TH	Lw H	Certificate Number
		Signature of Certifying Official	Certificate Number

ROWAN BAT MOBILE UNIT 3 790

Serial Number: 008968 Test Date: 08/10/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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: 07281E

Effective:

02/01/2018-02/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
------	--------	------

DIA	3 .	Pass		4:19pm
AIR	BLK	.00		4:20pm
ACC	CHK	.07		4:20pm
AIR	BLK	.00		4:21pm
SUB	TEST	.00		4:22pm
AIR	BLK	.00		4:23pm
SUB	TEST	.00	12	4:25pm
AIR	BLW	.00	•	A: 2/5/pm

Reported AC:

0*8* 0*4/*2.101

Signature of Chemical Analyst

Coxirt CVX

Analyst

#### ROWAN BAT MOBILE UNIT 3 790

Serial Number: 008968

Test Record Number: 290

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:30pm
FLO	Pass	4:30pm
FC	Pass	4:31pm

#### Temperature Tests

Status	Time
Pass	4:31pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time

AIR 4:31pm Pass

#### Printer Tests

Test	Status	Time

PRNT 4:31pm Pass

#### CRC Tests

Test	Status	Time
COMP	Pass	4:31pm
CAL	Pass	4:31pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Rutherford County SO 400 N. Washington St., Rutherfordton The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. /\_sthe foregoing preventive maintenance day of\_ I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

Signature of Certifying

### RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914 Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:24am 10:25am 10:26am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800

Serial Number: 008914

Test Record Number: 2114

Test Date: 08/19/2019

Test Time: 10:32am EDT

#### System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	10:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
•	CRC Tests	
Test	Status	Time

COMP Pass 10:33am CAL Pass 10:33am

Preventive Maintenance Status: Pass

Analys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOXICONAL DA
County K	Atherford Instrument Location Forest City + U
Instrument Se	erial No. 008889 1875. Church St., Forest City
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Departmen	t on theday of, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
STATE OF THE CARE AT THE CARE	Signature of Certifying Official  Continue of Certifying Official  Certificate Number

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889 Test Date: 08/19/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG814902 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	11:02am
AIR BLK	.00	11:03am
ACCY CHK	.07	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:08am
ATR RIK	0.0	11:09am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

#### RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889

Test Record Number: 858

Test Date: 08/19/2019

Test Time: 11:09am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

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

#### Blank Tests

Test	Status	Time
		*
AIR	Pass	11:11am

#### Printer Tests

Test	Status	Time
lest	blatus	TTIIIC
PRNT	Pass	11:11am
	CRC Tests	
Test	Status	Time

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

Preventive Maintenance Status: Pass

Analyst

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

County	5 AMPSON	Instrument Location_		
Instrument S	Serial No. 0088865		SHERIFF !	OFFICE
The prevent four months	ive maintenance procedures for the are:	Intoximeters, Model Intox l	EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic breath simulator t	hermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	ı;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sample	;	
7.	When "PLEASE BLOW" app	pears, collect breath sample	;	
8.	Print test record;	.*	· .	
9.	Verify Diagnostic Program; at	nd		
10.	Verify that the ethanol gas car simulator solution is being chawhichever occurs first.			
	et on the <u>27</u> day of <u>1</u> were performed on the instrument i t of Health and Human Services, an		nce with current regulatio	
A STAN STAN OF THE	Sig	Ra Bau	s (	o 48 icate Number

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

DHHS 4080 (11/07)

SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008825 Test Date: 08/27/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG902202 Exp Date: 01/22/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	8:49am 8:49am 8:50am
AIR BLK	.00	8:51am
SUB TEST	.00	8:52am
AIR BLK	.00	8:53am
SUB TEST	.00	8:54am
AIR BLK	.00	8:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008825

Test Record Number: 2738

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	8:56am
FLO	Pass	8.56am
FC	Pass	8:57am

#### Temperature Tests

Test	Status	Time
FC1	Pass	8:57am
SRC	Pass	8:57am
DET	Pass	8:57am
BAR	Pass	8:57am
BT	Pass	8:57am

#### Blank Tests

Test	Status	Time
7/ T D	Dagg	8 • 5 7 am

#### Printer Tests

Test	Status	Time
PRNT	Pass	8:57am

#### CRC Tests

Test	Status	Time
COMP	Pass	8:57am
CAL	Pass	8:57am

Preventive Maintenance Status: Pass

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

County	SAMPSON Inst	rument Location	5 AMPSON	COUNTY
Instrument S	Serial No. <u>008871</u>		SHERIFF'S	OFFICE
The prevent four months	tive maintenance procedures for the Intoxime s are:	ters, Model Intox E	C/IR II to be followed at	t least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cer		coholic breath simulator	thermometer show
2.	Verify instrument displays time and da	ıte;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, co	llect breath sample;		
7.	When "PLEASE BLOW" appears, co	llect breath sample;		
8.	Print test record;			•
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is be simulator solution is being changed ev whichever occurs first.	peing changed beforery four months or	re expiration date, or the after 125 Alcoholic Brea	alcoholic breath ath Simulator tests,
I certify tha procedures Departmen	nat on theday ofdouble to swere performed on the instrument indicated int of Health and Human Services, and the ins	l above, in accordar	7, the foregoing preven nce with current regulation ning properly.	ntive maintenance
STATE OF STA	(ilm Kg	Barrifying Officia	≥ al Certi	648 ficate Number

#### SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008877 Test Date: 08/27/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

06/01/2019-06/01/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG831801 Exp Date: 11/14/2020

Test	g/210L	Time
DIAG	Pass	8:55am
AIR BLK	.00	8:55am
ACCY CHK	.08	8:56am
AIR BLK	.00	8:57am
SUB TEST	.00	8:57am
AIR BLK	.00	8:58am
SUB TEST	.00	9:00am
ATP RIK	0.0	9 · 01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### SAMPSON COUNTY SHERIFF'S OFFICE 810

Serial Number: 008877

Test Record Number: 3090

Test Date: 08/27/2019

Test Time: 9:01am EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:02am
FLO	Pass	9:02am
FC	Pass	9:02am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:02am
SRC	Pass	9:02am
DET	Pass	9:02am
BAR	Pass	9:02am
BT	Pass	9:02am

#### Blank Tests

Test	Status	Time
Test	Status	Time

AIR Pass 9:02am

#### Printer Tests

Test	Status	Time

PRNT Pass 9:03am

CRC Tests

Test Status Time

COMP Pass 9:03am CAL Pass 9:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOXICON IN
County5-	Tanly Instrument Location Stanly County SO
Instrument Seri	Instrument Location Stanly County SO  al No. 008842 126 5 3rd Street, Albemarle
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department	on theday ofdugust, 20, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Date: 08/01/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: Hutchinson, Joseph E

Permit Number: 00356

Effective:

07/09/2019-07/09/2021

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG721401 Exp Date: 08/02/2019

Test	g/210L	Time
DIAG AIR BLK	Pass	9:51am 9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:56am
ATR BLK	.00	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

#### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842 Test Record Number: 2261 Test Date: 08/01/2019 Test Time: 9:57am EDT

System Check: Passed

#### Baseline Tests

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

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	9:57am 9:57am
DET	Pass	9:57am
BAR	Pass	9:57am
BT	Pass	9:57am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:58am

#### Printer Tests

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

COMP	Pass	9:58am
CAL	Pass	9:58am

Preventive Maintenance Status: Pass

**Analyst** 

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008910 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:51am 10:52am 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 Chemidal Analyst

Court CVR

Analyst

### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008910 Test Record Number: 904
Test Date: 08/06/2019 Test Time: 11:00am EDT

System Check: Passed

Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
$\mathtt{DET}$	Pass	11:00am
BAR.	Pass	11:00am
$\mathtt{BT}$	Pass	11:00am

### Blank Tests

Test	Status	Time
AIR	Pass	11:01am

### Printer Tests

Status

Test

CAL

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

Time

11:01am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the foregoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number

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

Department of Health and Human Services, and the instrument is functioning properly.

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Date: 08/06/2019

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

Subject'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:
01/01/2018-01/01/2020

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

Lot Number: AG814902 Exp Date: 05/29/2020

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

Report AC: 00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

### STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008927 Test Date: 08/06/2019 Test Record Number: 556

Test Time: 11:07am EDT

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

#### Blank Tests

Test	Status	Time
AIR	Pass	11:08am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time

COMP	Pass	11:08am
CAL	Pass	11:08am

Preventive Maintenance Status: Pass

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

County_S	tank Instrument Location Laust P	0
Instrument Se	orial No. 008206 186 Ray Kennely Dr., Lo	cust
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be force:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	
I certify that procedures v Department	on theday of, 20, 20, the foregoingere performed on the instrument indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	ng preventive maintenance t regulations of the N.C.
OF CHANN		656  Certificate Number

STANLY LOCUST PD 830

Serial Number: 008706 Test Date: 08/23/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject'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:

01/01/2018-01/01/2020

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:29am 11:30am 11:31am 11:32am 11:33am
SUB TEST	.00	11:35am
ATD RIK	00	11:35am

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### STANLY LOCUST PD 830

Serial Number: 008706 Test Record Number: 3528
Test Date: 08/23/2019 Test Time: 11:36am 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

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

County	to ke S Instrument Location   Cin C
Instrument Seria	Dalie Dalie to
. :	V
The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 22 day of 40 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART IS STATE OF	Signature of Certifying Official Certificate Number

STOKES COUNTY KING P D 840

Serial Number: 008610 Test Date: 08/22/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:46am 11:46am 11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:49am
AIR BLK	.00	11:49am
SUB TEST	.00	11:51am
AIR BLK	.00	11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst (

### STOKES COUNTY KING P D 840

Serial Number: 008610 Test Record Number: 2066
Test Date: 08/22/2019 Test Time: 11:53am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:53am
FLO	Pass	11:53am
FC	Pass	11:53am

### Temperature Tests

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

### Blank Tests

Test	Status	Time
AIR	Pass	11:54am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:54am
	ana = :	

#### CRC Tests

Test	Status	Time
COMP	Pass	11:54am
CAL	Pass	11:54am

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

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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 08/20/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG	Pass	3:38pm
AIR BLK	.00	3:39pm
ACCY CHK	.08	3:40pm
AIR BLK	.00	3:41pm
SUB TEST	.00	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm

Reported AC: .00-g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

# STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596

Test Record Number: 1103
Test Time: 3:47pm EDT

Test Date: 08/20/2019 Test 7

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:47pm
FLO	Pass	3:47pm
FC	Pass	3:47pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:47pm
SRC	Pass	3:47pm
DET	Pass	3:47pm
BAR	Pass	3:47pm
BT	Pass	3:47pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:48pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:48pm

### CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	3:48pm

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

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

INTOXIMETERS, MODEL INTOX EC/IR II
County Survey Instrument Location Survey
Instrument Serial No. Op 8934 County (a.)  Nobsay 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 sho 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
I certify that on the 22 day of August, 20 1 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
on STATE of
Je July 100 100 100 100 100 100 100 100 100 10
Signature of Certifying Official Certificate Number
A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 08/22/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:51am 9:52am 9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am

Reported AC: .00 g/210L-

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Analyst

Forensic Tests for Alcohol Branch
Department of Health and Human Services

### SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 2054

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

### Temperature Tests

Test	Status	Time
FC1	Pass	10:00am
SRC	Pass	10:00am
DET	Pass	10:00am
BAR	Pass	10:00am
BT	Pass	10:00am

### Blank Tests

Test	Status		Time
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AIR Pass 10:00am

## Printer Tests

Test	Status	Time

PRNT Pass 10:00am

### CRC Tests

Teat	Statue	Time

COMP	Pass	10:00am
CAL	Pass	10:00am

Preventive Maintenance Status: Pass

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

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

County 54	V V	(	Instrument Location	ElKin
Instrument Seria	ıl No. <u>()</u>	08926	Police	Departmen
The preventive if four months are		nce procedures for th	e Intoximeters, Model Intox EC	/IR II to be followed at least once every
1.		the ethanol gas canis ees, plus or minus .2		holic breath simulator thermometer show
2.	Verify i	instrument displays t	ime and date;	
3.	Initiate	breath test sequence	•	A
4.	Enter in	nformation as promp	ted;	
5.	Verify	instrument accuracy;		
6.	When "	'PLEASE BLOW" &	ppears, collect breath sample;	
7.	When "	PLEASE BLOW" &	appears, collect breath sample;	
8.	Print te	st record;		
9.	Verify	Diagnostic Program;	and	
10.	simulat			expiration date, or the alcoholic breath ter 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	e periorin	eu on me mstrument	indicated above, in accordance and the instrument is functioning	the forgoing preventive maintenance with current regulations of the N.C.
	1724			
STATE OF THE STATE	XOP:H CAROUN			
APRIL 12, 1715  A FAIR QUAM VIDEN		( )	le Farley	655
	Vista in		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)

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 08/26/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG	Pass	4:49pm
AIR BLK ACCY CHK	.00	4:49pm 4:50pm
AIR BLK	.00	4:51pm
SUB TEST	.00	4:52pm
AIR BLK	.00	4:53pm
SUB TEST	.00	4:54pm
ATR RIK	. 0.0	4:550m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVB

Analyst

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

### SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 863 

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:57pm
FLO	Pass	4:57pm
FC	Pass	4:57pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:57pm
SRC	Pass	4:57pm
DET	Pass	4:57pm
BAR	Pass	4:57pm
$\mathtt{BT}$	Pass	4:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:58pm

### Printer Tests

Test	Status	Time
PRNT	Pass	4:58pm

### CRC Tests

Test	Status	Time
COMP	Pass	4:58pm
CAL	Pass	4:58pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Mount Air
Instrument Se	Casaya Police Dentitiva
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
i.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
STATE OF THE STATE	Signature of Certifying Official  Certificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 08/21/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.08	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
ATR RIK	0.0	10:51am

Reperted 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

Department of Health and Human Services Rev. 12/2007

### SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 2135 Test Date: 08/21/2019 Test Time: 10:52am EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass	10:53am
L TO	Pass	10:53am
FC	Pass	10:53am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
$\mathtt{BT}$	Pass	10:53am

### Blank Tests.

Test	Status	Time
AIR	Pass	10:53am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:53am

### · CRC Tests

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

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Crry	_ Instrument Location	: 10+ Mounta
	No. of the contract of the con	•	
Instrument Seria	No:00 8938	Police	Department
	<u> </u>		V
The preventive in four months are:		Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		nolic breath simulator thermometer show
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
<b>8.</b>	Print test record;		÷
9.	Verify Diagnostic Program; at	nd	
10,			expiration date, or the alcoholic breath er 125 Alcoholic Breath Simulator tests,
	theday of performed on the instrument in lealth and Human Services, and		the forgoing preventive maintenance with current regulations of the N.C. properly.
THE STATE OF A STATE O	OCH A CAROUNA	le Far G	and the same of th
	Sig	gnature of Certifying Official	Certificate Number

DHHS 4080 (11/07)

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 08/21/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG734101 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	3:13pm 3:14pm 3:14pm 3:15pm 3:16pm 3:17pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

Analyst

Department of Health and Human Services

### SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 645

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:21pm
FIIO	Pass	3:21pm
FC	Pass	3:21pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	3:21pm 3:21pm 3:21pm 3:21pm
BT	Pass	3:21pm

### Blank Tests

Test Status Tin
-----------------

AIR 3:22pm Pass

### Printer Tests

Test	Status	Time

PRNT Pass 3:22pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass.	3:22pm

Preventive Maintenance Status: Pass

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

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

County	wain	Instrument Location <u>Cherul</u>	ere Tribal Des
Instrument So	erial No. <u>008782</u>	Cherokee NC	
The preventive four months a		e Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" as	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expiration hanged every four months or after 125 A	
I certify that	on the $\frac{1}{2}$ day of $\frac{1}{2}$	$\frac{1}{20}$ the fi	orgoing preventive maintenance
procedures w	vere performed on the instrument i	indicated above, in accordance with current the instrument is functioning properly.	ent regulations of the N.C.
STATION OF	LO VORMA CAROLLA	•	
APRIL 12, TI	(/0-	P. R. Cuth	35
	<b>,</b>	ignature of Certifying Official	Certificate Number

#### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 08/01/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	2:37pm 2:38pm 2:38pm
ACCY CHR	.00	2:39pm
SUB TEST	.00	2:40pm
AIR BLK	.00	2:41pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Record Number: 1125
Test Date: 08/01/2019 Test Time: 2:44pm EDT

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:45pm
FLO	Pass	2:45pm
FC	Pass	2:45pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:45pm
SRC	Pass	2:45pm
$\operatorname{DET}$	Pass	2:45pm
BAR	Pass	2:45pm
BT	Pass	2:45pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:46pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:46pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:46pm
CAL	Pass	2:46pm

Preventive Maintenance Status: Pass

Analyst

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

County Sac	ain	Instrument Location Swain C	6. Jail
Instrument Ser	rial No. <u>(208723</u>	Bryson City, N	<u>C</u>
The preventive four months ar		intoximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	imulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;	P.	
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;	• A	
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		and the second
9.	Verify Diagnostic Program; ar	nd	
10.		nister is being changed before expiration dainged every four months or after 125 Alcoh	
I certify that o procedures we Department of	n the day of day of free performed on the instrument in f Health and Human Services, and	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
STATE STATE OF STATE	A COLUMN CAROLINA CAR		
APRIL IZ. 619	Calk.	Cuth	635
	Sig	nature of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Date: 08/01/2019

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

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

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
09/01/2017-09/01/2019

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

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:59am 11:00am 11:01am
AIR BLK SUB TEST	.00 .00	11:01am 11:02am
AIR BLK	.00	11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723 Test Record Number: 744
Test Date: 08/01/2019 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 SRC DET BAR	Pass Pass Pass Pass	11:07am 11:07am 11:07am 11:07am
$\mathtt{BT}$	Pass	11:07am

### Blank Tests

Test	Status	Time
AIR	Pass	11:07am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:07am
	CRC Tests	
Moort.	0+0+110	П-I т. с

IESL	Status	TIME
COMP	Pass	11:07am
CAL	Pass	11:07am

Preventive Maintenance Status: Pass

Analyst

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

County Su	vain	Instrument Location Swarn	Co. Jail
Instrument S	erial No. <u>CO 8727</u>	Bryson City,	NC
The prevention	ve maintenance procedures for the In	tovimeters Model Intov EC/IR II to	he followed at least once over
four months		wanteers, woder mica beath it to	se ionowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic bre tree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	e de la companya de
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration ged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures w Department of	on theday ofday ofdo of Health and Human Services, and the	, 20 / 9 the focated above, in accordance with curre e instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S		R. Cath	635
	Signa	ture of Certifying Official	Certificate Number

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Date: 08/01/2019

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

wif R. Cuth

### SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727 Test Record Number: 1293
Test Date: 08/01/2019 Test Time: 11:08am EDT

System Check: Passed

## Baseline Tests

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

### Temperature Tests

Test	Status	Time
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

### Blank Tests

rest	Status	Time
AIR	Pass	11:09am

### Printer Tests

Test

CAL

PRNT	Pass	11:09am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:09am

Status

Time

11:09am

Preventive Maintenance Status: Pass

Pass

Analyst

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

County Tran	nsylvania Instrument Location Th	ransylvania Co. Jail
Instrument Seria	ai No. 008820 Brevard	NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/	IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoh 34 degrees, plus or minus .2 degree centigrade;	holic breath simulator thermometer shows
2.	Verify instrument displays time and date;	Ý
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before esimulator solution is being changed every four months or after whichever occurs first.	
I certify that on procedures were Department of I	theday of, 20/9 e performed on the instrument indicated above, in accordance v Health and Human Services, and the instrument is functioning p	the forgoing preventive maintenance with current regulations of the N.C. properly.
TOTAL STATE OF THE	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Agency: DHHS

Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR B <b>L</b> K	Pass	1:22pm 1:23pm
ACCY CHK	.07	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:25pm
AIR BLK	.00	1:26pm
SUB TEST	.00	1:27pm
AIR BLK	.00	1:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820 Test Record Number: 1289
Test Date: 08/06/2019 Test Time: 1:29pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	1:30pm
SRC	Pass	1:30pm
DET	Pass	1:30pm
BAR	Pass	1:30pm
$\mathtt{BT}$	Pass	1:30pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

County Tran	sylvania Instrument Location Transylvania Co. Tail
Instrument Serial	No. 008609 Brevard, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
i	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of
THE STATE OF AN AND THE STATE OF AND THE STATE OF AN AND THE STATE	Signature of Cartificial Conficial C

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008609 Test Date: 08/06/2019

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

09/01/2017-09/01/2019

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

Test Type: Breath Test

Lot Number: AG734102 Exp Date: 12/07/2019

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:54pm 12:55pm 12:55pm 12:56pm 12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008609 Test Record Number: 832 Test Date: 08/06/2019 Test Time: 1:01pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:01pm
FLO	Pass	1:01pm
FC	Pass	1:01pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:01pm
SRC	Pass	1:01pm
DET	Pass	1:01pm
BAR	Pass	1:01pm
BT	Pass	1:01pm

## Blank Tests

Test	Status	Time
AIR	Pass	1:02pm

#### Printer Tests

Test	Status ,	Time
PRNT	Pass	1:02pm

## CRC Tests

Test	Status	Time
COMP	Pass	1:02pm
CAL	Pass	1:02pm

Preventive Maintenance Status: Pass

Analyst

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

County	ransylvania Instrument Location Bot Mobile Und Z
Instrument S	Serial No. 008970
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	t on the
VALUE OF STATE OF STA	CAROUNI CAROUN

## TRANSYLVANIA BAT MOBILE UNIT 02 870

Serial Number: 008970 Test Date: 08/30/2019

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

Subject'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:
05/01/2019-05/01/2021

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

Lot Number: AG807101 Exp Date: 03/12/2020

-- / 0.1 0.1

Test	g/210Г	Time
DIAG AIR BLK	Pass	9:21pm 9:22pm
ACCY CHK	.08	9:22pm
AIR BLK SUB TEST	.00 .00	9:23pm <b>9:24pm</b>
AIR BLK	.00	9:25pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### TRANSYLVANIA BAT MOBILE UNIT 02 870

Serial Number: 008970 Test Record Number: 637 

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	9:29pm
SRC	Pass	9:29pm
DET	Pass	9:29pm
BAR	Pass	9:29pm
$\mathtt{BT}$	Pass	9:29pm

## Blank Tests

Test	Status	Time
AIR	Pass	9:29pm

## Printer Tests

CAL

Test	Status	Time
PRNT	Pass	9:29pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:29pm

Preventive Maintenance Status: Pass

Pass

9:29pm

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

County Union		Instrument Location Wayhaw PD				
Instrument Ser	ial No. 008598	3620	Providence	Rd,	Waxhaw	
The preventive four months ar	e maintenance procedures for the In	ntoximeters,	Model Intox EC/IR II to	o be follo	wed at least once ever	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pres gree centigra	ssure, or the alcoholic b	reath simu	lator thermometer sh	IOW
2.	Verify instrument displays time	e and date;				٠
3.	Initiate breath test sequence;					
4.	Enter information as prompted	;				
5.	Verify instrument accuracy;					-
6.	When "PLEASE BLOW" app	ears, collect	breath sample;			
7.	When "PLEASE BLOW" app	ears, collect	breath sample;			
8.	Print test record;	•	÷			
9.	Verify Diagnostic Program; an	d				٠
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being nged every f	changed before expiratiour months or after 125	tion date, Alcoholi	or the alcoholic breat c Breath Simulator te	h sts,
procedures w	on the <u>GHA</u> day of <u>A</u> ere performed on the instrument in of Health and Human Services, and	ndicated abo	ve, in accordance with o	current re	preventive maintenan gulations of the N.C.	ce
Department	or Health and Fluman Services, and	u the mstran	iene is functioning proj	ocity.		
OF THE STATE						
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	∫	nature of Ce	rtifying Official		Certificate Number	

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 08/09/2019

Citation Number: M0000000-0
Subject's Name:

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

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

Analyst's Name: Hutchinson, Joseph E
Permit Number: 0035-6075
Effective:
07/09/2019-07/09/2021

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

Lot Number: AG919901 Exp Date: 07/18/2021

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:38pm 3:39pm 3:39pm
ACCI CHK	.00	3:41pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm
SUB TEST	.00	3:43pm
AIR BLK	.00	3:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## UNION COUNTY WAXHAW PD 890

Serial Number: 008598

Test Record Number: 815

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:45pm
FLO	Pass	3:45pm
FC	Pass	3:45pm

## Temperature Tests

Status	Time
Pass	3:45pm
	Pass Pass Pass Pass

## Blank Tests

Test	Status	Time
AIR	Pass	3:46pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:46pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:46pm 3:46pm

Preventive Maintenance Status: Pass

Analyst

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

County Wa	ke Instrument Location Bet Mobile Chil
Instrument Seria	INO. 008600 water Forest
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breaksimulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tesses, whichever occurs first.
I certify that on procedures were Department of H	the 1 day of August , 2019 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

## WAKE COUNTY BAT MOBILE 12 710

Serial Number: 008600 Test Record Number: 1889 Test Date: 08/11/2019 Test Time: 5:36pm EDT

System Check: Passed

## Baseline Tests

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## Temperature Tests

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SRC	Pass	5:37pm	
DET	Pass	5:37pm	Š
BAR	Pass	5:37pm	•
BT	Pass	5:37pm	

## Blank Tests

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## Printer Tests

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Preventive Maintenance Status: Pass

Analyst

## WAKE COUNTY BAT MOBILE 12 710

Serial Number: 008600 Test Date: 08/11/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

Subject's Sex: *Male* 

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

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective:

09/26/2017-01/26/2026

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG911506 Exp Date: 04/25/2021

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DIAC	<b>,</b>	Pass	5	:27pm
AIR	BLK	.00	5	:27pm
ACCY	CHK	.08	/5	:28pm
AIR	BLK	.00	5	:29pm
SUB	TEST	.00	- 5	:29pm
AIR	BLK	.00	5	:30pm
SUB	TEST	.00	5	:33pm
AIR	BLK	.00	G 6 G 366	:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

County	wake	Instrument Location Bat mobil	eunit 12
Instrument S	erial No. <u>008698</u>	wake Forest	
msu union 3	CHAINO		
The preventi		ximeters, Model Intox EC/IR II to be followed	d at least once every
ioui monuis			
1,	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	plays pressure, or the alcoholic breath simulate centigrade;	or thermometer shows
2.	Verify instrument displays time ar	nd date;	• . •
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed before expiration date, or ed every four months or after 125 Alcoholic E	the alcoholic breath streath Simulator tests,
procedures y	on the day of Accepted were performed on the instrument indicates of Health and Human Services, and the	ated above, in accordance with current regula-	eventive maintenance tions of the N.C.
CO THE STATE	TE OF NORTH		
CONTROL OF THE PARTY OF THE PAR			13
THE PARTY OF THE P		- Contléting Official C	ortificate Number

## WAKE COUNTY BAT MOBILE 12 910

Serial Number: 008698 Test Record Number: 1452 Test Date: 08/11/2019 Test Time: 5:38pm EDT

System Check: Passed

## Baseline Tests

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	rc			Pas	, S	COME.	2 o	mq8

## Temperature Tests

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Test	Stat	us	Tim	e
			被某种	
FC1	Dada		e ' '3	0~~
	Pass		5 : 3	1.5
SRC	Pass	在制物系	5:3	mq8
DET	Pass		5:3	épm
BAR	Pass	organista ang ta Karanggaran Sas	5:3	8pm
BT	Pass		5::3	mq8
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			3930 33 4
AIR	Pass		5:39pm

## Printer Tests

Status

Time

5:39pm

Test

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PRNT		Pass	. 5	:39pm
			17 164 4 AV	
	CR	I Test	is .	
Test		Status	3 '''II	ime
COMP		Pass	5	:39pm

Preventive Maintenance Status: Pass

Pass

Analyst

WAKE COUNTY BAT MOBILE 12 910

Serial Number: 008698 Test Date: 08/11/2019

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

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/26/2017-01/26/2026

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

Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	5:30pm
AIR BLK	.00	5:31pm
ACCY CHK	.08	5:32pm
AIR BLK	.00	5:32pm
SUB TEST	.00	5:33pm
AIR BLK	.00	5:34 pm
SUB TEST	.00	5:35pm
AIR BLK	.00	5:36pm

Reported AC: .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

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

County W	rke	Instrument I	ocation BAT N	robile Unit 4
Instrument Seri	al No. <u>608736</u>	Rales	gh PD	
·		•	,	
The preventive four months are	maintenance procedures for th	e Intoximeters, Mo	del Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2		e, or the alcoholic brea	th simulator thermometer show
2.	Verify instrument displays	ime and date;		
3.	Initiate breath test sequence	<b>;</b>		
4.	Enter information as promp	ted;		
5.	Verify instrument accuracy	; · · · · · · · · · · · · · · · · · · ·		
6.	When "PLEASE BLOW" a	ppears, collect brea	th sample;	
7.	When "PLEASE BLOW"	ppears, collect brea	th sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.				date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures wer Department of	n theday of re performed on the instrumer Health and Human Services,	Aug & J it indicated above, is and the instrument	n accordance with curi	going preventive maintenance ent regulations of the N.C. y.
STATE OF STA	A CAROUNT			
A THE CHIAM AND A		Signature of Certifyi	ng Official	Certificate Number
***				The state of the s

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008736 Test Date: 08/15/2019

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
03/01/2018-03/01/2020

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

> Lot Number: AG814901 Exp Date: 05/29/2020

Test	g/210L	Time
DIAG	Pass	9:25pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:30pm
AIR BLK	.00	9:31pm

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

## WAKE COUNTY BAT MOBILE UNIT 4 910

A recommendate of the Comment of the

Serial Number: 008736 Test Record Number: 956 Test Date: 08/15/2019 Test Time: 9:32pm EDT

System Check: Passed

## Baseline Tests

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## Temperature Tests

Test Statu	s Time
FC1 Pass	9:32pm
SRC Pass	9:32pm
DET Pass	9:32pm
BAR Pass BT Pass	9:32pm 9:32pm

### Blank Tests

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		H. QQ Test Pit	<b>多多等位的。</b> 不是	· 传入: 4	5347 300 100
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٠.			<b>"新国家是关节</b>		
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Preventive Maintenance Status: Pass

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

Analyst

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

County	WAKE Instrument Location BAT MOBILE UNIT
Instrument S	erial No. 008929 APEX PD
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7,	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	t on the 30 <sup>7†</sup> day of 40057, 2019, the foregoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE CAPENTS OF THE PROPERTY	J. 660
	Signature of Certifying Official Certificate Number

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 008929 Test Date: 08/30/2019

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject'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: 03/01/2018-03/01/2020

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

> Lot Number: AG814901 Exp Date: 05/29/2020

Test	д/3топ	ııme
DIAG	Pass	9:50pm
AIR BLK	.00	9:51pm
ACCY CHK	.08	9:52pm
AIR BLK	.00	9:53pm
SUB TEST	.00	9:54pm
AIR BLK	.00	9:55pm
SUB TEST	.00	9:56pm
AIR BLK	.00	9:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## WAKE COUNTY BAT MOBILE UNIT 4 910

Serial Number: 0.08929 Test Record Number: 1089 Test Date: 08/30/2019 Test Time: 10:42pm EDT

System Check: Passed

## Baseline Tests

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## Temperature Tests

Test	Statu	a ពារ	me
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- Lake	See Just 1	A	:43pm
FC1	Pass		BBBBB-69-64-7-1
SRC	Pass	27 - 36 10 36 11 SELV	:43.pm
DET	Pass	130	143 pm
BAR	Pass	1:0	43 pm
BT	Pass	10	:43pm
Actor St. St. St. Physical Physics 11.		of Education of the Control of the Control	税相信标准 1.60

#### Blank Tests

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## Printer Tests

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Test Status Tim	Mark .
Test Status Ti	ne
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Preventive Maintenance Status: Pass

Analyst

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

County 1	VAKE	Instrument Location 1147	MONDE UND 4
Instrument S	Serial No. <u>00 811 9</u>	2 Frucon	
·			
The preventi	ive maintenance procedures for the In are:	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic br gree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that	on the 16 day of An	164	
procedures w	ere performed on the instrument inc of Health and Human Services, and	licated shows in accordance with	egoing preventive maintenance rrent regulations of the N.C. ly.
STATE OF STA			
+ CHE CRUM VIOL	_050	ture of Certifying Official	<u>le</u> 43
	Oigna	-m. or celarying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Date: 08/16/2019

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

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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

Lot Number: AG911506 Exp Date: 04/25/2021

Test	g/210L	Time
DIAG	Pass	6:28pm
AIR BLK	.00	6:29pm
ACCY CHK	.07	6:30pm
AIR BLK	.00	6:31pm
SUB TEST	.00	6:31pm
AIR BLK	.00	6:32pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUC

## WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008779 Test Record Number: 3568

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	6:36pm
FLO FC	Pass Pass	6:36pm 6:36pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:36pm
SRC	Pass	6:36pm
DET	Pass	6:36pm
BAR	Pass	6:36pm
BT	Pass	6:36pm

## Blank Tests

Test	Status	Time
AIR	Pass	6:37pm

## Printer Tests

Test	Status	Time
PRNT	Pass	6:37pm
	CDC ma-L-	

Test	Status	Time
COMP	Pass	6:37pm
CAL	Pass	6:37pm

Preventive Maintenance Status: Pass

Analyst

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

1. V 3 2. V 3. In 4. E	ntenance procedures for the Int 'erify the ethanol gas canister d 4 degrees, plus or minus .2 deg	isplays pressur	del Intox EC/IR II	to be followed at	least once every
1. V 3 2. V 3. In 4. E	erify the ethanol gas canister d	isplays pressur		to be followed at	least once every
1. V 3 2. V 3. In 4. E	erify the ethanol gas canister d	isplays pressur		to be followed at	least once every
3. I. 4. E	erify the ethanol gas canister d 4 degrees, plus or minus .2 degrees	isplays pressur	ا داد ما معاد بالاست		
3. I	· · · · · · · · · · · · · · · · · · ·	ree centigrade;	e, or the alcoholic (	breath simulator	thermometer show
4. E	erify instrument displays time	and date;			
	nitiate breath test sequence;				
	inter information as prompted;			·	
5. \	erify instrument accuracy;				
6. V	Vhen "PLEASE BLOW" appea	ars, collect brea	th sample;		
7. V	When "PLEASE BLOW" appea	ars, collect brea	th sample;		
8. F	rint test record;			:	
9. \	erify Diagnostic Program; and				
S	Verify that the ethanol gas canis imulator solution is being chang whichever occurs first.	ter is being cha ged every four	inged before expira months or after 12:	tion date, or the 5 Alcoholic Brea	alcoholic breath th Simulator tests
	e / C day of Auc erformed on the instrument ind alth and Human Services, and	licated above, i		current regulatio	tive maintenance ns of the N.C.
OF THE STATE OF NO.					
	AROLL.				
TOTAL COLUMN VIDEN W					

## WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584

Test Record Number: 2281

Test Date: 08/16/2019

Test Time: 6:36pm EDT

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	6:37pm
FLO	Pass	6:37pm
FC	Pass	6:37pm

## Temperature Tests

Test	Status	Time
FC1	Pass	6:37pm
SRC	Pass	6:37pm
DET	Pass	6:37pm
BAR	Pass	6:37pm
BT	Pass	6:37pm

## Blank Tests

	And a second		
Test			FF 1 W/A
TCDC	Statı	45	Time

AIR 6:37pm Pass

### Printer Tests

Test	100	 Sta	tus	J. A	Time
					The first the second

PRNT Pass 6:38pm

## CRC Tests

Test	Status	Time
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

COMP Pass 6:38pm CAL Pass 6:38pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 6 910

Serial Number: 008584 Test Date: 08/16/2019

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

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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

Lot Number: AG807101 Exp Date: 03/12/2020

rest	a\510₽	Time
DIAG	Pass	6:29pm
AIR BLK	.00	6:30pm
ACCY CHK	.07	б:30pm
AIR BLK	.00	6:31pm
SUB TEST	.00	6:32pm
AIR BLK	00	6:33pm
SUB TEST	.00	6:34pm
AIR BLK	.00	6:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

## WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843 Test Date: 08/27/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG	Pass	2:40pm
AIR BLK	.00	2:41pm
ACCY CHK	.08	2:42pm
AIR BLK	.00	2:43pm
SUB TEST	.00	2:43pm
AIR BLK	.00	2:44pm
SUB TEST	.00	2:46pm
ATD BLK	$\cap \cap$	$2 \cdot 47 \text{rpm}$

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

## WILKES COUNTY WILKES CO DETENTION 960

Test Record Number: 2374 Serial Number: 008843 Test Time: 2:47pm EDT Test Date: 08/27/2019

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:48pm
${ t FLO}$	Pass	2:48pm
FC	Pass	2:48pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:48pm
SRC	Pass	2:48pm
$\mathtt{DET}$	Pass	2:48pm
BAR	Pass	2:48pm
$\mathtt{BT}$	Pass	2:48pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:49pm

### Printer Tests

Test	Status	Time
PRNT	Pass	2:49pm
	CRC Tests	
Toat	Chatud	Time

Time

Status	Time
Pass Pass	2:49pm 2:49pm
Labb	2.156
	,

Preventive Maintenance Status: Pass

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

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERȘ, MODEL INTOX EC/IR II

County W	INTOXIMETE	Instrument Location 67.16	<i>36</i> °
Instrument Ser	rial No. <u>008865</u>	Detention	Content
	ь.	Wilkesbor	ONG
The preventive four months ar		ntoximeters, Model Intox EC/IR II to be	followed at least once every
<b>1.</b> /	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer show
2.	Verify instrument displays tim	e and date;	·
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
<b>7.</b>	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
<b>9.</b>	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration and aged every four months or after 125 Alc	
procedures we	ere performed on the instrument in	the for the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
CREAT STATES	NOT THE CAROLING T		
APRIL 12, 1176	The Care	e Farley	655
	Sig	nature of Certifying Official	Certificate Number

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Date: 08/27/2019

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: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG805801 Exp Date: 02/27/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	2:23pm 2:24pm 2:25pm 2:26pm 2:27pm 2:27pm
AIR BLK	.00	2:2/pm 2:29pm
SUB TEST AIR BLK	.00 .00	2:29pm 2:30pm
L-1 T-7 T-1 T-1 T-7		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Tules

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Forensic Tests for Alcohol Branch

Department of Health and Human Services

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## WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008865 Test Record Number: 710 Test Date: 08/27/2019 Test Time: 2:31pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

## Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:32pm
DET	Pass	2:32pm
BAR	Pass	2:32pm
${ t BT}$	Pass	2:32pm

## Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

## Printer Tests

iest	Status	TIME
PRNT	Pass	2:32pm

## CRC Tests

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

Analyst

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

County	/son	Instrument Location	SAT MON	DF UNIT G
Instrument S	Serial No. <u>() 08684</u>	_ LITISON	/	
<u> </u>				
The prevent four months	ive maintenance procedures for are:	r the Intoximeters, Model Into	x EC/IR II to be f	ollowed at least once every
I.	Verify the ethanol gas ca 34 degrees, plus or minus	nister displays pressure, or the s.2 degree centigrade;	alcoholic breath	simulator thermometer show
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ıce;		
4.	Enter information as pror	mpted;		
5.	Verify instrument accurac	с <b>у</b> ;		
6.	When "PLEASE BLOW"	appears, collect breath samp	le;	
7.	When "PLEASE BLOW"	appears, collect breath samp	le;	
8.	Print test record;			
9.	Verify Diagnostic Program	m; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first,	s canister is being changed being changed every four months o	ore expiration dat or after 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
I certify that	on the 2 Nd day of	Aucust ,20/	d the formation	g preventive maintenance
procedures v	vere performed on the instrum of Health and Human Services	ent indicated above, in accorda	ance with current	regulations of the N.C.
		s and the methanical is lanch	oming property.	
THE STATE	O			
A ASE QUANTI		ne		463
		Signature of Certifying Offici	al -	Certificate Number

WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686 Test Date: 08/02/2019

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

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

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

Analyst's Name: VARNELL, BRYON L Permit Number: 16896E Effective: 09/22/2017-09/01/2019

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

Lot Number: AG807101 Exp Date: 03/12/2020

Test	g/210L	Time
DIAG	Pass	10:12pm
AIR BLK	.00	10:13pm
ACCY CHK	07	10:13pm
AIR BLK	.00	10:14pm
SUB TEST	.00	10:14pm
AIR BLK	.00	10:15pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST AIR BLK SUB TEST	.00	10:14pm 10:15pm 10:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

## WILSON COUNTY BAT MOBILE UNIT 6 970

Serial Number: 008686

Test Record Number: 6630 

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

## Blank Tests

Test	•.	Sta	atus	. ;	Time	
						e Service No Service
AIR		Pa	3S	1.5	10:2	1pm

## Printer Tests

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

			- 1.	ayan di san
COMP		Pass		10:21pm
CAL	<i>:</i> ::	Pass		10:21pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETEI	RS, MODEL INTOX EC	/IR II
County	adkin	Instrument Location	Kih
Instrument Ser	ial No. 008854	County	Ja: 1
		Yadkinvill	e, NC
The preventive four months ar		toximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic broree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	I.	
10.		eter is being changed before expiration ged every four months or after 125 A	
	re performed on the instrument ind	dated above, in accordance with currice instrument is functioning properly	
ON THE STATE OF	NO.		
GREATS	E CAROLLE STATE OF THE STATE OF		
* ESTE QUAM VIDE	- Jul	etarley	655
	Sign	ature of Certifying Official	Certificate Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Date: 08/27/2019

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: FARLEY, CYNTHIA D Permit Number: 24123E

Effective: 11/01/2018-11/01/2020

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG821801 Exp Date: 08/06/2020

Test	g/210L	Time
DIAG AIR BLK	Pass	12:18pm 12:19pm
ACCY CHK	.08	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Court CVR

## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854 Test Record Number: 622 Test Date: 08/27/2019 Test Time: 12:26pm EDT

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	12:26pm
FLO	Pass	12:26pm
FC	Pass	12:27pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:27pm 12:27pm 12:27pm 12:27pm 12:27pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst



× / ×	INTOXIMETERS, MODEL INTOX EC/IR II
County 14 2	Instrument Location / Galin
Instrument Serial No	008944 County Jail
	Jack hville N
The preventive main four months are:	tenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	rify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show degrees, plus or minus .2 degree centigrade;
2. Ve	rify instrument displays time and date;
3. Ini	tiate breath test sequence;
4. En	ter information as prompted;
5. Ve	erify instrument accuracy;
6. W	hen "PLEASE BLOW" appears, collect breath sample;
7. W	hen "PLEASE BLOW" appears, collect breath sample;
8. Pr	int test record;
9. Ve	erify Diagnostic Program; and
sir	erify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath nulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, nichever occurs first.
I certify that on the procedures were per Department of Healt	day of
OF ME STATE OF NO.	Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 08/27/2019

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: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
11/01/2018-11/01/2020

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

Lot Number: AG821401 Exp Date: 08/02/2020

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:23pm 12:24pm 12:25pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:30pm
AIR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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## YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 1592 Test Date: 08/27/2019 Test Time: 12:33pm EDT

System Check: Passed

## Baseline Tests

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

## Temperature Tests

Test	Status	Time
FC1	Pass	12:33pm
SRC	Pass	12:33pm
DET	Pass	12:33pm
BAR	Pass	12:33pm
${f BT}$	Pass	12:33pm

## Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

## Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm

## CRC Tests

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

Preventive Maintenance Status: Pass

Analysi

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

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