DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Alamance Instrument Location Burlington PD

Instrument Serial No. 028907 207 W. Front St Burlington, NC

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

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

I certify that on the 23 day of August, 2018, 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] 642

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907
Test Date: 08/23/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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  10:11am
AIR BLK .00  10:12am
ACCY CHK .08  10:13am
AIR BLK .00  10:14am
SUB TEST .00  10:15am
AIR BLK .00  10:15am
SUB TEST .00  10:17am
AIR BLK .00  10:18am

Reported/AC: 0.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907   Test Record Number: 895
Test Date: 08/23/2018   Test Time: 10:18am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ALAMANCE Instrument Location Burlington PD

Instrument Serial No. 008812 207 W. Front St
Burlington, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812
Test Date: 08/29/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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  9:47am
AIR BLK  .00  9:48am
ACCY CHK .08  9:49am
AIR BLK  .00  9:49am
SUB TEST .00  9:50am
AIR BLK  .00  9:51am
SUB TEST .00  9:52am
AIR BLK  .00  9:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812    Test Record Number: 3248
Test Date: 08/29/2018    Test Time: 9:54am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:55am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 3 day of August, 2018 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.
**Intox EC/IR-II: Preventive Maintenance**

**AVERY COUNTY BANNER ELK PD 050**

Serial Number: 008724  Test Record Number: 561
Test Date: 08/03/2018  Test Time: 5:31pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>5:32pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>5:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:33pm</td>
</tr>
</tbody>
</table>

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**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Beaufort Instrument Location Beaufort P.O.

Instrument Serial No. 008928 Beaufort, N.C.

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

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

I certify that on the 29th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928
Test Date: 08/29/2018

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 08/01/2017-08/01/2019

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 Pass 12:24pm
AIR BLK .00 12:25pm
ACCY CHK .08 12:25pm
AIR BLK .00 12:26pm
SUB TEST .00 12:27pm
AIR BLK .00 12:28pm
SUB TEST .00 12:30pm
AIR BLK .00 12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**BEAUFORT COUNTY BELHAVEN PD 060**

Serial Number: 008928   Test Record Number: 351  
Test Date: 08/29/2018   Test Time: 12:32pm EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 31 day of August, 2018 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

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008748
Test Date: 08/31/2018

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:54pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:59pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100**

Serial Number: 008748   Test Record Number: 1105
Test Date: 08/31/2018   Test Time: 5:01pm EDT

**System Check: Passed**

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:01pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 28 day of August, 2018, 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 658

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

BUNCOMBE BAT MOBILE UNIT 02 100

Serial Number: 008973
Test Date: 08/28/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2017-06/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:53pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>8:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:58pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

[Signature]

Signature of Chemical Analyst

[Signature]

Court CVR

[Signature] Analyst

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

BUNCOMBE BAT MOBILE UNIT 02  100

Serial Number: 008973    Test Record Number: 544
Test Date: 08/28/2018    Test Time: 8:59pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:00pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:00pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:00pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 27th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

Caldwell County Caldwell County Jail
130

Serial Number: 008803
Test Date: 08/27/2018

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective: 05/01/2017-05/01/2019

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

Lot Number: AG722408
Exp Date: 08/12/2019

Test g/210L Time

DIAG Pass 4:40pm
AIR BLK .00 4:41pm
ACCY CHK .07 4:42pm
AIR BLK .00 4:43pm
SUB TEST .00 4:44pm
AIR BLK .00 4:45pm
SUB TEST .00 4:46pm
AIR BLK .00 4:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
## Intox EC/IR-II: Preventive Maintenance

**Caldwell County Jail 130**

**Serial Number:** 008803  **Test Record Number:** 507  **Test Date:** 08/27/2018  **Test Time:** 4:48pm EDT

**System Check:** Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:49pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:49pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:49pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:49pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
**Intox EC/IR-II: Subject Test**

**Caldwell County Jail**

Serial Number: 008719  
Test Date: 08/27/2018

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

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective: 05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:42pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:44pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:48pm</td>
</tr>
</tbody>
</table>

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
### System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:50pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:51pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

**Note:**

This form is used when performing Preventive Maintenance procedures.  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of August, 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CASWELL COUNTY DETENTION CENTER 160

Serial Number: 008593
Test Date: 08/20/2018

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective: 08/01/2017-08/01/2019

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 3:41pm
AIR BLK .00 3:41pm
ACCY CHK .07 3:42pm
AIR BLK .00 3:43pm
SUB TEST .00 3:43pm
AIR BLK .00 3:44pm
SUB TEST .00 3:46pm
AIR BLK .00 3:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**CASWELL COUNTY DETENTION CENTER 160**

Serial Number: 008593  
Test Record Number: 1603  
Test Date: 08/20/2018  
Test Time: 3:47pm EDT

**System Check: Passed**

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:47pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:48pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:49pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:49pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:49pm</td>
</tr>
</tbody>
</table>

### 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Catawba Instrument Location: Hickory PD
Instrument Serial No: 008841 347 2nd Ave SW, Hickory

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

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

I certify that on the 2nd day of August, 2018, 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]
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841
Test Date: 08/02/2018

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG702302
Exp Date: 01/23/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:13pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:19pm</td>
</tr>
</tbody>
</table>

Reported Ac: .00 g/210L

Signature of Chemical Analyst
Court CVR

 Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**CATAWBA COUNTY HICKORY PD 170**

Serial Number: 008841  Test Record Number: 1826  Test Date: 08/02/2018  Test Time: 3:20pm EDT

**System Check: Passed**

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:20pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:21pm</td>
</tr>
</tbody>
</table>

**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**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CHATHAM Instrument Location CHATHAM COUNTY

Instrument Serial No. 008591 DETENTION CENTER
PITTSBORO, NC

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

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

I certify that on the 28 day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number] 648

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CHATHAM COUNTY DETENTION CENTER 180

Serial Number: 008591
Test Date: 08/28/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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

Lot Number: AG807102
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:52pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:57pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**CHATHAM COUNTY DETENTION CENTER 180**

Serial Number: 008591    Test Record Number: 2047
Test Date: 08/28/2018    Test Time: 3:59pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622
Test Date: 08/28/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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  12:50pm
AIR BLK .00  12:51pm
ACCY CHK .08  12:52pm
AIR BLK .00  12:53pm
SUB TEST .00  12:53pm
AIR BLK .00  12:54pm
SUB TEST .00  12:56pm
AIR BLK .00  12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622  Test Record Number: 1044
Test Date: 08/28/2018  Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:59pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:00pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cherokee  Instrument Location Cherokee Co. Jail

Instrument Serial No. 008711  Murphy, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of August, 2018, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711
Test Date: 08/28/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG716202
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 12:49pm
AIR BLK .00 12:50pm
ACCY CHK .07 12:51pm
AIR BLK .00 12:52pm
SUB TEST .00 12:52pm
AIR BLK .00 12:53pm
SUB TEST .00 12:55pm
AIR BLK .00 12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Serial Number: 008711  Test Record Number: 951
Test Date: 08/28/2018  Test Time: 12:57pm EDT

**System Check:** Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
</tbody>
</table>

**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**

[Signature]
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH 

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County  Clay  
Instrument Location  Clay Co. Fail  

Instrument Serial No. 008608  Hayesville, NC  

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

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

I certify that on the 6 day of August 2015 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official  
Certificate Number 635

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608
Test Date: 08/06/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 08457
Effective: 09/01/2017-09/01/2019

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

Lot Number: AG716202
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:21am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:24am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:25am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**CLAY COUNTY CLAY COUNTY JAIL 210**

Serial Number: 008608    Test Record Number: 1198
Test Date: 08/06/2018    Test Time: 11:27am EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
</tbody>
</table>

### 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Cleveland  
Instrument Location: Pat Mobile Unit 2  

Instrument Serial No. 08972  

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

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

I certify that on the 23rd day of August, 2018, 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]  
Signature of Certifying Official  

[Certificate Number]  

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

DHHS 4080 (11/07)
Intox B/C/IR-II: Subject Test

CLEVELAND BAT MOBILE UNIT 02 220

Serial Number: 008973
Test Date: 08/23/2018

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: TOWERY, CHAD V
Permit Number: 26632E
Effective:
06/01/2017-06/01/2019

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

Lot Number: AG07101
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td></td>
<td>6:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>6:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:56pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:00pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
Intox EC/IR-II: Preventive Maintenance

CLEVELAND BAT MOBILE UNIT 02 220

Serial Number: 008973    Test Record Number: 534
Test Date: 08/23/2018    Test Time: 7:01pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>7:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:01pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:02pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: CLAY
Instrument Location: DAF MODELE UNST C
Instrument Serial No.: 008179

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 1st day of ANIW, 2015, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779
Test Date: 08/18/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008779  Test Record Number: 3503
Test Date: 08/18/2018  Test Time: 11:13pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ___________ 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:

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CRAVEN COUNTY BAT MOBILE UNIT 6 240
Serial Number: 008584
Test Date: 08/18/2018
Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG807101
Exp Date: 03/12/2020

Test g/210L Time
DIAG Pass 11:14pm
AIR BLK .00 11:15pm
ACCY CHK .07 11:16pm
AIR BLK .00 11:17pm
SUB TEST .00 11:17pm
AIR BLK .00 11:18pm
SUB TEST .00 11:19pm
AIR BLK .00 11:20pm

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
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CRAVEN COUNTY BAT MOBILE UNIT 6 240
Serial Number: 008584 Test Record Number: 2224
Test Date: 08/18/2018 Test Time: 11:24pm EDT
System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2017, 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CURRITUCK COUNTY BAT MOBILE UNIT 6 260

Serial Number: 008779
Test Date: 08/10/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 8:20pm
AIR BLK .00 8:21pm
ACCY CHK .07 8:21pm
AIR BLK .00 8:22pm
SUB TEST .00 8:23pm
AIR BLK .00 8:24pm
SUB TEST .00 8:25pm
AIR BLK .00 8:26pm

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
Intox EC/IR-II: Preventive Maintenance

CURRITUCK COUNTY BAT MOBILE UNIT 6 260

Serial Number: 008779    Test Record Number: 3500
Test Date: 08/10/2018    Test Time: 8:29pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:30pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CURRITUCK Instrument Location AT MANUFACT
Instrument Serial No. 005584

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

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

I certify that on the 10th day of August, 2012, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CURRITUCK COUNTY BAT MOBILE UNIT 6 260
Serial Number: 008584
Test Date: 08/10/2018
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: VARNELL, BYRON L
Permit Number: 16896E
Effective: 09/26/2017-01/26/2026

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:25pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>8:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:30pm</td>
</tr>
</tbody>
</table>

 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
## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRNT</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:32pm</td>
</tr>
</tbody>
</table>

## Preventive Maintenance

Status: Pass

---

**Analyst**

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CURRITUCK Instrument Location SAT MOORE UNIT G

Instrument Serial No. 009637 CALANDY

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

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

I certify that on the 10 day of AUGUST, 201Y, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test
CURRITUCK COUNTY BAT MOBILE UNIT 6 260

Serial Number: 008637
Test Date: 08/10/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:20pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>8:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:21pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:23pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:25pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CURRITUCK COUNTY BAT MOBILE UNIT 6 260

Serial Number: 008637    Test Record Number: 2934
Test Date: 08/10/2018    Test Time: 8:28pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:28pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:28pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:28pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:29pm</td>
</tr>
</tbody>
</table>

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

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

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

I certify that on the 30th day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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]

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox BC/IR-II: Subject Test

CURRITUCK COUNTY CURRITUCK SO-MAPLE
260

Serial Number: 008947
Test Date: 08/30/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2017-06/01/2019

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

Lot Number: AG702302
Exp Date: 01/23/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:32am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:34am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:34am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:35am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:37am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:38am</td>
</tr>
</tbody>
</table>

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947    Test Record Number: 2249
Test Date: 08/30/2018    Test Time: 10:39am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:39am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:39am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:40am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:41am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County DARE Instrument Location DARE Co. Detection Ctr.
Instrument Serial No. 008851 1044 Dist. Ward Pl., Moorea, N.C.

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

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

I certify that on the 3rd day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008851
Test Date: 08/03/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:41pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:42pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:43pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:44pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:47pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**DARE COUNTY DARE CO DETENTION CE 270**

Serial Number: 008851    Test Record Number: 611
Test Date: 08/03/2018    Test Time: 2:49pm EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:49pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:49pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

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

**Linda Kee**
Analyst
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: DARE  Instrument Location: DARE CO. DETENTION CTR.
Instrument Serial No.: 008783  1044 Driftwood Dr., MAURY, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 3rd day of AUGUST, 2015 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: 647

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783
Test Date: 08/03/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective: 08/01/2017-08/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:40pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:42pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:45pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

DARE COUNTY DARE CO DETENTION CB 270

Serial Number: 008783      Test Record Number: 764
Test Date: 08/03/2018      Test Time: 2:45pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:46pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:47pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:47pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 17th day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804
Test Date: 08/17/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:02am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:02am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:03am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:06am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 2105
Test Date: 08/17/2016 Test Time: 11:08am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Davie Instrument Location Davie County Jail
Instrument Serial No. 008905 Mocksville, N.C.

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

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

I certify that on the 9th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox BC/IR-II: Subject Test

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905
Test Date: 08/09/2018

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 06/01/2018-06/01/2020

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

Lot Number: AG702401
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:13am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:14am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905  Test Record Number: 2240
Test Date: 08/09/2018  Test Time: 11:17am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 10 day of August, 2018, 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 662

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859
Test Date: 08/10/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
05/01/2017-05/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

Test g/210L Time

DIAG Pass 9:56am
AIR BLK .00 9:57am
ACCY CHK .08 9:58am
AIR BLK .00 9:59am
SUB TEST .00 9:59am
AIR BLK .00 10:00am
SUB TEST .00 10:01am
AIR BLK .00 10:02am

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
Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859    Test Record Number: 2201
Test Date: 08/10/2018    Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Durham Instrument Location Bat Mobile Unit 8

Instrument Serial No. 008775 Durham P.D.

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

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

I certify that on the 10 day of August 2018 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008775
Test Date: 08/11/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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 11:48pm
AIR BLK .00 11:49pm
ACCY CHK .07 11:49pm
AIR BLK .00 11:50pm
SUB TEST .00 11:51pm
AIR BLK .00 11:51pm
SUB TEST .00 11:53pm
AIR BLK .00 11:54pm

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

**DURHAM COUNTY BAT MOBILE UNIT 8 310**

Serial Number: 008775    Test Record Number: 1779  
Test Date: 08/11/2018    Test Time: 11:54pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:55pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:56pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:56pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:56pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:56pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 11 day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

DURHAM COUNTY BATMOBILE UNIT 8 310

Serial Number: 008601
Test Date: 08/11/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

Test g/210L Time
DIAG Pass 11:11pm
AIR BLK .00 11:11pm
ACCY CHK .08 11:12pm
AIR BLK .00 11:13pm
SUB TEST .00 11:14pm
AIR BLK .00 11:15pm
SUB TEST .00 11:17pm
AIR BLK .00 11:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**DURHAM COUNTY BATMOBILE UNIT 8 310**

Serial Number: 008601    Test Record Number: 1287
Test Date: 08/11/2018    Test Time: 11:19pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:20pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status: Pass**

![Signature]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Durham
Instrument Location: Bat Mobile Unit
Instrument Serial No: 008-136

Instrument: Durham PD

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

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

I certify that on the 11 day of August 2018 the forgoing preventive maintenance procedures were performed on the 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 and Seal]
Janna B. Kramer
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008736
Test Date: 08/11/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008736  
Test Date: 08/11/2018

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716201  
Exp Date: 06/11/2019

Test  g/210L  Time

DIAG  Pass  10:59pm
AIR BLK  .00  11:00pm
ACCY CHK  .08  11:01pm
AIR BLK  .00  11:02pm
SUB TEST  .00  11:02pm
AIR BLK  .00  11:03pm
SUB TEST  .00  11:05pm
AIR BLK  .00  11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst  

          Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 11 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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)
Intox EC/IR-II: Subject Test

DURHAM COUNTY BAT MOBILE UNIT 8 310

- Serial Number: 008816
- Test Date: 08/11/2018

- Citation Number: MC0000000-0
- Subject's Name: PREVENTIVE, MAINTENANCE
- Subject's Date of Birth: 11/11/1911
- Subject's Sex: Female
- Driver's License State: XX
- Driver's License Number: NONE

- Analyst's Name: SKINNER, TONYA B
- Permit Number: 13651E
- Effective: 08/01/2017-08/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG Pass</td>
<td></td>
<td>11:52pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:53pm</td>
</tr>
<tr>
<td>ACCY CHK .07</td>
<td></td>
<td>11:53pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:54pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>11:55pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:56pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>11:57pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:58pm</td>
</tr>
</tbody>
</table>

- Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

DURHAM COUNTY BAT MOBILE UNIT 8 310

Serial Number: 008816  Test Record Number: 7431
Test Date: 08/11/2018  Test Time: 11:59pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County_Durham__ Instrument Location_Durham Co. Jail___

Instrument Serial No. 008891  219 S. Mangum St. Durham, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of August, 2018, 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.

DHHS 4080 (11/07)
### Intox EC/IR-II: Subject Test

**DURHAM COUNTY DURHAM COUNTY JAIL 310**

Serial Number: 008891  
Test Date: 08/22/2018

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:43am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:44am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:45am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:46am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:48am</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891    Test Record Number: 3884
Test Date: 08/22/2018    Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County
Durham
Instrument Location
Durham Co. Jail

Instrument Serial No.
006878
219 S. Merrimon St.
Durham, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of August, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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  Pass  9:41am
AIR BLK .00  9:42am
ACCY CHK .08  9:43am
AIR BLK .00  9:44am
SUB TEST .00  9:44am
AIR BLK .00  9:45am
SUB TEST .00  9:47am
AIR BLK .00  9:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878    Test Record Number: 4255
Test Date: 08/22/2018    Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Edgecombe Instrument Location: Edgecombe Co. Magistrates Office

Instrument Serial No.: 00 8847 300 S. Anaconda Rd, Tarboro, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 21st day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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] 647
Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY  EDGECOMBE CO MAGISTR 320

Serial Number: 008847
Test Date: 08/21/2018

Citation Number: MO000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702402
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008847    Test Record Number: 650
Test Date: 08/21/2018    Test Time: 12:22pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 21st day of August, 2018 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.
Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008851
Test Date: 08/21/2018

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

Analyst's Name: KEBLER, LINDA A
Permit Number: 11646
Effective:
08/01/2017-08/01/2019

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  Pass          12:19pm
AIR BLK  .00        12:20pm
ACCY CHK  .08      12:20pm
AIR BLK  .00        12:21pm
SUB TEST  .00      12:22pm
AIR BLK  .00        12:23pm
SUB TEST  .00      12:25pm
AIR BLK  .00        12:25pm

Reported AC:  .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320**

Serial Number: 008851    Test Record Number: 614
Test Date: 08/21/2018    Test Time: 12:27pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

**Signature**

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Edgecombe  Instrument Location: Edgecombe G. Magistrate's
Instrument Serial No.: 008603  Office, 300 S. Ancramdy Rd., Tarboro NC

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

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

I certify that on the 29th day of August, 2008 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008603
Test Date: 08/29/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2017-06/01/2019

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

Lot Number: AG702402
Exp Date: 01/24/2019

Test g/210L Time

DIAG Pass 9:42am
AIR BLK .00 9:43am
ACCY CHK .08 9:44am
AIR BLK .00 9:45am
SUB TEST .00 9:45am
AIR BLK .00 9:46am
SUB TEST .00 9:48am
AIR BLK .00 9:48am

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
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:51am</td>
</tr>
</tbody>
</table>

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

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR
320

Serial Number: 008663
Test Date: 08/29/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2017-06/01/2019

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

Lot Number: AG721401
Exp Date: 08/02/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:33am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:34am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:35am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:37am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:38am</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663    Test Record Number: 2943
Test Date: 08/29/2010    Test Time: 9:40am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:41am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:42am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:42am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:42am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:42am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 13 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008925
Test Date: 08/13/2018

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

Analyst's Name:
BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:36am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:36am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:37am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:38am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:39am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:42am</td>
</tr>
</tbody>
</table>

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
## Intox EC/IR-II: Preventive Maintenance

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008925  Test Record Number: 2324  Test Date: 08/13/2018  Test Time: 9:42am EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:43am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:44am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:44am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:44am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:44am</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Forsyth  Instrument Location Forsyth County Detention
Instrument Serial No. 008583  Winston-Salem, N.C.

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

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

I certify that on the 13th day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008583
Test Date: 08/13/2018

Citation Number: MO000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 06/01/2018-06/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:26am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:28am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:31am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583    Test Record Number: 7316
Test Date: 08/13/2018    Test Time: 9:33am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:33am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 13 day of August, 2018, 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.
Intox EC/IR-II: Subject Test

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659
Test Date: 08/13/2018

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:23am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:24am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:25am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:27am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30am</td>
</tr>
</tbody>
</table>

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008659    Test Record Number: 4897  
Test Date: 08/13/2018    Test Time: 9:31am EDT

**System Check: Passed**

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:32am</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 8th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650
Test Date: 08/08/2018

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 06/01/2018-06/01/2020

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 10:04am
AIR BLK .00 10:04am
ACCY CHK .07 10:05am
AIR BLK .00 10:06am
SUB TEST .00 10:06am
AIR BLK .00 10:07am
SUB TEST .00 10:10am
AIR BLK .00 10:11am

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
Intox EC/IR-II: Preventive Maintenance

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650  Test Record Number: 1455
Test Date: 08/08/2018   Test Time: 10:12am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:12am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Franklin
Instrument Location: Bat Mobile Unit

Instrument Serial No: 008736
Franklin Co So

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24 day of August, 2018 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: Jonya B Skinner
Certificate Number: 644

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**FRANKLIN COUNTY BAT MOBILE UNIT 8 340**

- Serial Number: 008736
- Test Date: 08/24/2018

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

**Analyst's Name:** SKINNER, TONYA B  
**Permit Number:** 13651E  
**Effective:** 08/01/2017-08/01/2019

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

- **Lot Number:** AG716201  
- **Exp Date:** 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:27pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:32pm</td>
</tr>
</tbody>
</table>

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

---

**Signature of Chemical Analyst**

[signature]

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

**FRANKLIN COUNTY BAT MOBILE UNIT 8 340**

Serial Number: 008736  Test Record Number: 914  
Test Date: 08/24/2018  Test Time: 10:38pm EDT

**System Check: Passed**

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 24 day of August, 2018 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.
Intox EC/IR-II: Subject Test

FRANKLIN COUNTY BAT MOBILE UNIT 8 340

Serial Number: 008615
Test Date: 08/24/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 10:19pm
AIR BLK .00 10:20pm
ACCCY CHK .07 10:20pm
AIR BLK .00 10:21pm
SUB TEST .00 10:22pm
AIR BLK .00 10:22pm
SUB TEST .00 10:24pm
AIR BLK .00 10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

FRANKLIN COUNTY BAT MOBILE UNIT 8 340

Serial Number: 008615    Test Record Number: 5551
Test Date: 08/24/2018    Test Time: 10:37pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

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 Franklin Instrument Location: Bat Mobile Unit 8
Instrument Serial No. 0081001 Franklin Co 50

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

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

I certify that on the 24 day of August 2018, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**FRANKLIN COUNTY BATMOBILE UNIT 8 340**

Serial Number: 008601  
Test Date: 08/24/2018

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702401  
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:21pm</td>
</tr>
</tbody>
</table>

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**
Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY BATMOBILE UNIT 8 340

Serial Number: 008601    Test Record Number: 1294
Test Date: 08/24/2018    Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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
Intox EC/IR-II: Subject Test

FRANKLIN COUNTY BAT MOBILE UNIT 8 340

Serial Number: 008929
Test Date: 08/24/2016

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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 10:08pm
AIR BLK .00 10:09pm
ACCY CHK .08 10:10pm
AIR BLK .00 10:11pm
SUB TEST .00 10:12pm
AIR BLK .00 10:13pm
SUB TEST .00 10:14pm
AIR BLK .00 10:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

FRANKLIN COUNTY BAT MOBILE UNIT 8 340

Serial Number: 008929    Test Record Number: 1005  
Test Date: 08/24/2018    Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:23pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 24th day of August, 2018 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]

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

FRANKLIN COUNTY BAT MOBILE UNIT 8 340

Serial Number: 008775
Test Date: 08/24/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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 10:47pm
AIR BLK .00 10:48pm
ACCY CHK .08 10:48pm
AIR BLK .00 10:49pm
SUB TEST .00 10:50pm
AIR BLK .00 10:51pm
SUB TEST .00 10:53pm
AIR BLK .00 10:54pm

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
Intox EC/IR-II: Preventive Maintenance

FRANKLIN COUNTY BAT MOBILE UNIT 8 340

Serial Number: 008775    Test Record Number: 1787
Test Date: 08/24/2018    Test Time: 10:56pm EDT

System Check: Passed

Baseline Tests

Test             Status     Time
IR                Pass        10:56pm
FLO               Pass        10:56pm
FC                 Pass        10:56pm

Temperature Tests

Test             Status     Time
FC1               Pass        10:57pm
SRC               Pass        10:57pm
DET               Pass        10:57pm
BAR               Pass        10:57pm
BT                 Pass        10:57pm

Blank Tests

Test             Status     Time
AIR               Pass        10:57pm

Printer Tests

Test             Status     Time
PRNT              Pass        10:57pm

CRC Tests

Test             Status     Time
COMP              Pass        10:57pm
CAL               Pass        10:57pm

Preventive Maintenance
Status: Pass

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __________________________ Instrument Location ______________

Instrument Serial No. 009970

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of August, 2018, 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 658

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008970
Test Date: 08/10/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2017-06/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:00pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:05pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

GASTON BAT MOBILE UNIT 02 350

Serial Number: 008970   Test Record Number: 495
Test Date: 08/10/2018   Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:07pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:08pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:08pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:08pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:08pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22nd day of August, 2018 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.
Intox EC/IR-II: Subject Test

GATES COUNTY GATES CO SO 360

Serial Number: 008884
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2017-06/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

Test g/210L Time

DIAG Pass 10:40am
AIR BLK .00 10:41am
ACCY CHK .07 10:42am
AIR BLK .00 10:43am
SUB TEST .00 10:44am
AIR BLK .00 10:44am
SUB TEST .00 10:46am
AIR BLK .00 10:47am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884    Test Record Number: 858
Test Date: 08/22/2018    Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:50am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 14 day of August, 2018 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 637
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
## Intox BC/IR-II: Preventive Maintenance

**GRANVILLE COUNTY OXFORD PD 380**

Serial Number: 008923  Test Record Number: 1848  Test Date: 08/14/2018  Test Time: 2:04pm EDT

*System Check: Passed*

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

### Preventive Maintenance

Status: Pass

*Signature*

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Subject Test

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923
Test Date: 08/14/2018

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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   Pass   1:55pm
AIR BLK .00   1:55pm
ACCCY CHK .07   1:56pm
AIR BLK .00   1:57pm
SUB TEST .00   1:57pm
AIR BLK .00   1:58pm
SUB TEST .00   2:00pm
AIR BLK .00   2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2nd day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670
Test Date: 08/02/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective:
08/01/2017-08/01/2019

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   Pass   2:59pm
AIR BLK .00   3:01pm
ACCY CHK .08   3:01pm
AIR BLK .00   3:02pm
SUB TEST .00   3:03pm
AIR BLK .00   3:04pm
SUB TEST .00   3:05pm
AIR BLK .00   3:06pm

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
Intox EC/IR-II: Preventive Maintenance

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670  Test Record Number: 1776  
Test Date: 08/02/2018  Test Time: 3:07pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:07pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:08pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:08pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:08pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:08pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 3rd day of August, 2018, 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.
Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008896
Test Date: 08/03/2018

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 04/01/2017-04/01/2019

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

Lot Number: AG80710L
Exp Date: 03/12/2020

Test g/210L Time
DIAG Pass 10:49am
AIR BLK .00 10:50am
ACCCY CHK .08 10:50am
AIR BLK .00 10:51am
SUB TEST .00 10:52am
AIR BLK .00 10:53am
SUB TEST .00 10:56am
AIR BLK .00 10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]
Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:57am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:57am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:58am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:59am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

![Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford  Instrument Location Greensboro Jail

Instrument Serial No. 008718

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 9 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718
Test Date: 08/09/2018

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
04/01/2017-04/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:13am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:15am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

L. Dean
Signature of Chemical Analyst

Court CVR

L. Dean
Analyst

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008718    Test Record Number: 1813
Test Date: 08/09/2018    Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>DHT</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

K. Kevin Dean

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Harrell  Instrument Location BAT Mobile Unit 1

Instrument Serial No. 008680

Angier PO

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox BC/IR-II: Subject Test

HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008600
Test Date: 08/10/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:35pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:37pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**HARNETT COUNTY BAT MOBILE UNIT 1 420**

Serial Number: 008600  Test Record Number: 1819
Test Date: 08/10/2018  Test Time: 10:40pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:41pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:42pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:42pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County HARNETT Instrument Location DUNN POLICE DEPT

Instrument Serial No. 008644 DUNN, NC

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

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

I certify that on the 15 day of AUGUST, 2018, 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: Alonzo R. Barnes
Certificate Number: 048

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HARNETT COUNTY DUNN PD 420

Serial Number: 008644
Test Date: 08/15/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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

Lot Number: AG087102
Exp Date: 03/12/2020

Test g/210L Time
DIAG Pass 10:06am
AIR BLK .00 10:07am
ACCY CHK .07 10:07am
AIR BLK .00 10:08am
SUB TEST .00 10:09am
AIR BLK .00 10:10am
SUB TEST .00 10:12am
AIR BLK .00 10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**HARNETT COUNTY DUNN PD 420**

Serial Number: 008644  Test Record Number: 1322  
Test Date: 08/15/2018  Test Time: 10:13am EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:13am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:15am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:15am</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County HARNEST Instrument Location HARNEST COUNTY
Instrument Serial No. 008730 DETENTION CENTER KILLINGTON, NC

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

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

I certify that on the 15th day of AUGUST, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730
Test Date: 08/15/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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       Pass      11:47am
AIR BLK    .00       11:48am
ACCY CHK   .07       11:48am
AIR BLK    .00       11:49am
SUB TEST   .00       11:49am
AIR BLK    .00       11:50am
SUB TEST   .00       11:52am
AIR BLK    .00       11:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730  Test Record Number: 3011
Test Date: 08/15/2018  Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:54am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: HARNETT  Instrument Location: HARNETT COUNTY

Instrument Serial No.: 008729  DETENTION CENTER
LIllINGTON, NC

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

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

I certify that on the 15th day of AUGUST, 2018 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729
Test Date: 08/15/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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

Lot Number: AG702302
Exp Date: 01/23/2019

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:07pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:11pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

[Signature]

Court CVR

Analyst

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

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729    Test Record Number: 2256
Test Date: 08/15/2018    Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:15pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 22nd day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2017-06/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:46am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:46am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:49am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:51am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

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

**HERTFORD COUNTY MURFREESBORO PD 450**

Serial Number: 008906    Test Record Number: 673  
Test Date: 08/22/2018    Test Time: 11:58am EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __HEASTPoT__ Instrument Location __NAV MODEU LINT Co__

Instrument Serial No. __C0Y5TO__ __IN WAFRE5/j0400__

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

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

I certify that on the __25__ day of __AUGUST__, 2018, 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008580
Test Date: 08/25/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG710701
Exp Date: 04/17/2019

Test g/210L Time

DIAG Pass 10:17pm
AIR BLK .00 10:18pm
ACCCY CHK .07 10:18pm
AIR BLK .00 10:19pm
SUB TEST .00 10:19pm
AIR BLK .00 10:20pm
SUB TEST .00 10:22pm
AIR BLK .00 10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

HERTFORD COUNTY BAT MOBILE UNIT 6 450

Serial Number: 008580    Test Record Number: 2452
Test Date: 08/25/2018    Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Jackson

Instrument Location Jackson Co. Jail

Instrument Serial No. 008722

Sylva, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of May, 2018 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]

Signature of Certifying Official

Certificate Number 635

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JACKSON COUNTY  JACKSON COUNTY JAIL 490

Serial Number: 008722
Test Date: 08/27/2018

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: AG734102
Exp Date: 12/07/2019

Test      g/210L   Time
DIAG      Pass     2:06pm
AIR BLK   .00      2:07pm
ACCY CHK  .07     2:08pm
AIR BLK   .00      2:09pm
SUB TEST  .00     2:10pm
AIR BLK   .00      2:11pm
SUB TEST  .00     2:12pm
AIR BLK   .00      2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

JACKSON COUNTY  JACKSON COUNTY JAIL 490

Serial Number: 008722  Test Record Number: 1030
Test Date: 08/27/2018  Test Time: 2:14pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:15pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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: [Signature]
Certificate Number: [Number]
Intox EC/IR-II: Subject Test

JACKSON COUNTY JAIL 490

Serial Number: 008708
Test Date: 08/27/2018

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG722408
Exp Date: 08/12/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:11pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708    Test Record Number: 1381
Test Date: 08/27/2018    Test Time: 2:13pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:14pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 25 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JACKSON BAT MOBILE UNIT 02 490

Serial Number: 008973
Test Date: 08/25/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2017-06/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>7:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:19pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>7:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:22pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:24pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**JACKSON BAT MOBILE UNIT 02 490**

Serial Number: 008973  Test Record Number: 540  
Test Date: 08/25/2018  Test Time: 7:25pm EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>7:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 1st day of AUGUST, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY CLAYTON PD 500

Serial Number: 008658
Test Date: 08/01/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:14am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Analyst's Signature]

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

JOHNSON COUNTY CLAYTON PD 500

Serial Number: 008658  Test Record Number: 1406
Test Date: 08/01/2018  Test Time: 11:15am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  JOHNSTON  Instrument Location  BENSON POLICE DEPT.

Instrument Serial No.  008885  BENSON, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 1 day of AUGUST, 2018, 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885
Test Date: 08/01/2018

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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

Lot Number: AG807102
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:28pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:32pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:34pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

JOHNSTON COUNTY BENSON PD 500

Serial Number: 008885    Test Record Number: 526
Test Date: 08/01/2018    Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:36pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:36pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:36pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County JOHNSTON  Instrument Location SELMA Police DEPT.
Instrument Serial No. 008595  SELMA, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 6th day of AUGUST, 2018, 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]
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595
Test Date: 08/06/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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 2:40pm
AIR BLK .00 2:40pm
ACCY CHK .07 2:41pm
AIR BLK .00 2:42pm
SUB TEST .00 2:43pm
AIR BLK .00 2:43pm
SUB TEST .00 2:45pm
AIR BLK .00 2:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

JOHNSON COUNTY SELMA PD 500

Serial Number: 008595      Test Record Number: 1257
Test Date: 08/06/2018     Test Time: 2:47pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:48pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:49pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:49pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  JOHNSTON  Instrument Location  JOHNSTON Co Jail
Instrument Serial No. 0088416  SMITHFIELD, NC

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

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

I certify that on the 14 day of AUGUST, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY JOHNSTON CO JAIL 500

Serial Number: 008846
Test Date: 08/14/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

Test g/210L Time
DIAG Pass 10:06am
AIR BLK .00 10:07am
ACCY CHK .07 10:08am
AIR BLK .00 10:09am
SUB TEST .00 10:09am
AIR BLK .00 10:10am
SUB TEST .00 10:12am
AIR BLK .00 10:13am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
## Intox EC/IR-II: Preventive Maintenance

**JOHNSTON COUNTY JOHNSTON CO JAIL 500**

Serial Number: 008846      Test Record Number: 4332  
Test Date: 08/14/2018      Test Time: 10:13am BDT

**System Check:** Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:14am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:15am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:15am</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  JOHNSTON  Instrument Location  JOHNSTON Co JAIL

Instrument Serial No. 008787  SMITHFIELD, NC

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

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

I certify that on the 14th day of AUGUST, 2018, 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  Allen R. Barnes
Certificate Number  648

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JOHNSTON COUNTY JOHNSTON CO JAIL 500

Serial Number: 008787
Test Date: 08/14/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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 11:35am
AIR BLK .00 11:36am
ACCY CHK .08 11:36am
AIR BLK .00 11:37am
SUB TEST .00 11:38am
AIR BLK .00 11:39am
SUB TEST .00 11:40am
AIR BLK .00 11:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:43am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:44am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:44am</td>
</tr>
</tbody>
</table>

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: JONES  
Instrument Location: WAF MODE  UNIT 6

Instrument Serial No. 0C9540  
DOVER

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

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

I certify that on the 17 day of August, 2011, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008580
Test Date: 08/17/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21pm</td>
</tr>
</tbody>
</table>

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

**JONES COUNTY BAT MOBILE UNIT 6 510**

Serial Number: 008580    Test Record Number: 2445
Test Date: 08/17/2018    Test Time: 11:23pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
</tbody>
</table>

**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**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County JONES Instrument Location ATF MONTEFIORE 6

Instrument Serial No. 004776

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

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

I certify that on the 17th day of AUGUST, 2019, 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 643

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

JONES COUNTY BAT MOBILE UNIT 6 510

Serial Number: 008776
Test Date: 08/17/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG710701
Exp Date: 04/17/2019

Test          g/210L  Time
             
DIAG          Pass  11:14pm
AIR BLK       .00   11:15pm
ACCY CHK      .07   11:15pm
AIR BLK       .00   11:16pm
SUB TEST      .00   11:17pm
AIR BLK       .00   11:18pm
SUB TEST      .00   11:19pm
AIR BLK       .00   11:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**JONES COUNTY BAT MOBILE UNIT 6 510**

Serial Number: 008776  Test Record Number: 3460  
Test Date: 08/17/2018  Test Time: 11:23pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:23pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:24pm</td>
</tr>
</tbody>
</table>

**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*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County LEE Instrument Location LEE COUNTY JAIL

Instrument Serial No. 008645 SANFORD, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of AUGUST, 2018, 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: Allen Roy Bowers 648

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

LEE COUNTY LEE CO JAIL 520

Serial Number: 008645
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: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
07/01/2017-07/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

Test g/210L Time
DIAG Pass 10:15am
AIR BLK .00 10:16am
ACCY CHK .07 10:17am
AIR BLK .00 10:18am
SUB TEST .00 10:18am
AIR BLK .00 10:19am
SUB TEST .00 10:21am
AIR BLK .00 10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

LEE COUNTY LEE CO JAIL 520

Serial Number: 008645 Test Record Number: 1870
Test Date: 08/20/2018 Test Time: 10:22am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of August, 2018 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.
Intox EC/IR-II: Subject Test

MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:25pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:30pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**MACON COUNTY MACON CO MAGISTRATE 550**

Serial Number: 008795    Test Record Number: 453
Test Date: 08/22/2018    Test Time: 2:32pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:32pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:33pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

![Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Madison Instrument Location Mars Hill PD

Instrument Serial No. 008582 Mars Hill, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582
Test Date: 08/28/2018

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG721401
Exp Date: 08/02/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:26pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:29pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:31pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MADISON COUNTY MARS HILL PD 560

Serial Number: 008582  Test Record Number: 1127
Test Date: 08/28/2018  Test Time: 3:33pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>D0T</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:34pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:34pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:34pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:34pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

 Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Madison Instrument Location Madison Co. So. 1

Instrument Serial No. 008599 Marshall, NC

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

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

I certify that on the 28 day of August, 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 003599
Test Date: 08/28/2018

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

Test     g/210L  Time
DIAG    Pass   2:46pm
AIR BLK .00   2:47pm
ACCY CHK .08  2:47pm
AIR BLK .00   2:48pm
SUB TEST .00  2:49pm
AIR BLK .00   2:50pm
SUB TEST .00  2:51pm
AIR BLK .00   2:52pm

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

**MADISON COUNTY MADISON COUNTY JAIL 560**

Serial Number: 008599    Test Record Number: 962  
Test Date: 08/28/2018    Test Time: 2:53pm EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County McDowell Instrument Location McDowell Co. Jail

Instrument Serial No. 008852 Marion, NC

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

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

I certify that on the 2 day of August, 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox BC/IR-II: Subject Test

MCDOWELL COUNTY JAIL 580

Serial Number: 008892
Test Date: 08/02/2018

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

Test          g/210L       Time
DIAG          Pass          3:57pm
AIR BLK   .00          3:58pm
ACCY CHK   .07          3:59pm
AIR BLK   .00          4:00pm
SUB TEST   .00          4:00pm
AIR BLK   .00          4:01pm
SUB TEST   .00          4:03pm
AIR BLK   .00          4:03pm

Reported AC:  .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892    Test Record Number: 618
Test Date: 08/02/2018    Test Time: 4:05pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:05pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 2nd day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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 649

A signed original of the preventive maintenance record shall be kept on file for at least three years.
**Intox EC/IR-II: Subject Test**

**MCDOWELL COUNTY JAIL 580**

Serial Number: 008888  
Test Date: 08/02/2018

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

Analyst's Name: BURNETTE, ANTHONY J  
Permit Number: 11304E  
Effective: 05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:59pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:04pm</td>
</tr>
</tbody>
</table>

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

**MCDOWELL COUNTY JAIL 580**

Serial Number: 008888  Test Record Number: 1508  Test Date: 08/02/2018  Test Time: 4:05pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:07pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:07pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:07pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 17th day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 02 590

Serial Number: 008970
Test Date: 08/17/2018

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG807101
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:25pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst: [Signature]

Count: CWV

Analyst: [Signature]

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:32pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22nd day of August 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008972
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG807101
Exp Date: 03/12/2020

Test  g/210L  Time

DIAG  Pass  9:52pm
AIR BLK .00  9:53pm
ACCY CHK .07  9:53pm
AIR BLK .00  9:54pm
SUB TEST .00  9:55pm
AIR BLK .00  9:56pm
SUB TEST .00  9:57pm
AIR BLK .00  9:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

*MECKLENBURG BAT MOBILE UNIT 3 590*

Serial Number: 008972  Test Record Number: 302  
Test Date: 08/22/2018  Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:00pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22\textsuperscript{nd} day of August, 2019, 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: 639

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 Pass 8:17pm
AIR BLK .00 8:18pm
ACCY CHK .07 8:19pm
AIR BLK .00 8:19pm
SUB TEST .00 8:20pm
AIR BLK .00 8:21pm
SUB TEST .00 8:22pm
AIR BLK .00 8:23pm

Reported AC: .08 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968       Test Record Number: 252
Test Date: 08/22/2018       Test Time: 8:25pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:25pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:26pm</td>
</tr>
</tbody>
</table>

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

[Signature]

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

County MECKLENBURG  Instrument Location BAT MOBILE #3
Instrument Serial No. 008971  CMPD

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

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

I certify that on the 24th day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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 659

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008971
Test Date: 08/24/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG702302
Exp Date: 01/23/2019

Test g/210L Time
DIAG Pass 9:40pm
AIR BLK .00 9:41pm
ACCY CHK .07 9:42pm
AIR BLK .00 9:43pm
SUB TEST .00 9:43pm
AIR BLK .00 9:44pm
SUB TEST .00 9:46pm
AIR BLK .00 9:46pm

Reported AC: .80 g/210L

Signature of Chemical Analyst

Court CVR

Signature

Analyst

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

MECKLENBURG BAT MOBILE 3 590

Serial Number: 008971    Test Record Number: 224
Test Date: 08/24/2018    Test Time: 9:47pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:48pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:49pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:49pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:49pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:49pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MECKLENBURG Instrument Location Bar Mobile #3
Instrument Serial No. 008968 CMPD

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

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

I certify that on the 24th day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968
Test Date: 08/24/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: PTA
Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 9:54pm
AIR BLK .00 9:55pm
ACCY CHK .07 9:55pm
AIR BLK .00 9:56pm
SUB TEST .00 9:57pm
AIR BLK .00 9:57pm
SUB TEST .00 9:59pm
AIR BLK .00 10:00pm

Reported AC: .05 g/210L

Signature of Chemical Analyst
Court CUR

Analyst

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

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968    Test Record Number: 256
Test Date: 08/24/2018    Test Time: 10:01pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:03pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:03pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:03pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:03pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 6th day of August 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY MONTGOMERY CO JAIL
610

Serial Number: 008728
Test Date: 08/06/2018

Citation Number: MO000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:30pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:32pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:36pm</td>
</tr>
</tbody>
</table>

Reported BAC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MONTGOMERY COUNTY MONTGOMERY CO JAIL 610

Serial Number: 008728    Test Record Number: 320
Test Date: 08/06/2018    Test Time: 3:37pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 6th day of August, 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

MONTGOMERY COUNTY MONTGOMERY CO JAIL
610

Serial Number: 008863
Test Date: 08/06/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:24pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:30pm</td>
</tr>
</tbody>
</table>

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
# Intox EC/IR-II: Preventive Maintenance

**MONTGOMERY COUNTY MONTGOMERY CO JAIL 610**

Serial Number: 008863    Test Record Number: 585  
Test Date: 08/06/2018    Test Time: 3:36pm EDT

System Check: *Passed*

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:37pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:38pm</td>
</tr>
</tbody>
</table>

## 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**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Montgomery Co. Instrument Location Montgomery Co. Jail

Instrument Serial No. 008109 Troy NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of August, 2018 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008709
Test Date: 08/16/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: PTA
Agency: DHHS
Test Type: Breath Test

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

Test	g/210L	Time
DIAG	Pass	12:21pm
AIR BLK	.00	12:21pm
ACCY CHK	.07	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709    Test Record Number: 1083
Test Date: 08/16/2018    Test Time: 12:29pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:29pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:29pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:29pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 16th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657
Test Date: 08/16/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 12:23pm
AIR BLK .00 12:24pm
ACCY CHK .08 12:24pm
AIR BLK .00 12:25pm
SUB TEST .00 12:26pm
AIR BLK .00 12:27pm
SUB TEST .00 12:29pm
AIR BLK .00 12:30pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008657    Test Record Number: 1582
Test Date: 08/16/2018    Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MOORE Instrument Location SOUTHERN PINES PD
Instrument Serial No. 008720 SOUTHERN PINES, NC

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

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

I certify that on the 3 day of AUGUST, 2018, 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]
Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

MOORE COUNTY SOUTHERN PINES PD 620

Serial Number: 008720
Test Date: 08/03/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE; MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:52pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**MOORE COUNTY SOUTHERN PINES PD 620**

Serial Number: 008720    Test Record Number: 1060
Test Date: 08/03/2018    Test Time: 1:58pm EDT

System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>DHT</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 41 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

MOORE COUNTY BAT MOBILE UNIT 1 950

Serial Number: 008788
Test Date: 08/04/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 10:23pm
AIR BLK .00 10:24pm
ACCY CHK .07 10:24pm
AIR BLK .00 10:25pm
SUB TEST .00 10:26pm
AIR BLK .00 10:27pm
SUB TEST .00 10:28pm
AIR BLK .00 10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MOORE COUNTY BAT MOBILE UNIT 1 950

Serial Number: 008788  
Test Record Number: 1362  
Test Date: 08/04/2018  
Test Time: 10:36pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:37pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:38pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

**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 NASH Instrument Location NASHVILLE PD

Instrument Serial No. 008630 5 W. BARNES ST, NASHVILLE, NC

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

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

I certify that on the 20 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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]

Signature of Certifying Official

637

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630
Test Date: 08/20/2018

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG80580L
Exp Date: 02/27/2020

Test  g/210L  Time

DIAG  Pass  12:30pm
AIR BLK  .00  12:31pm
ACCY CHK  .08  12:32pm
AIR BLK  .00  12:33pm
SUB TEST  .00  12:34pm
AIR BLK  .00  12:35pm
SUB TEST  .00  12:36pm
AIR BLK  .00  12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

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

NASH COUNTY NASHVILLE PD 630

Serial Number: 008630    Test Record Number: 4221
Test Date: 08/20/2018    Test Time: 12:38pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:39pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  NASH  Instrument Location  ST. MARY'S UNI. 6

Instrument Serial No. 009776  

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 31 day of AUGUST, 2015, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008776
Test Date: 08/31/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:26pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:29pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:31pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

 analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
## Intox EC/IR-II: Preventive Maintenance

### NASH COUNTY BAT MOBILE UNIT 6 630

**Serial Number:** 008776  **Test Record Number:** 3472  
**Test Date:** 08/31/2018  **Test Time:** 9:36pm EDT

- **System Check:** Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 31st day of August, 2015, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008686
Test Date: 08/31/2018

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:31pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:32pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:35pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**NASH COUNTY BAT MOBILE UNIT 6 630**

Serial Number: 008686    Test Record Number: 6588  
Test Date: 08/31/2018    Test Time: 9:37pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:38pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:38pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:38pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:38pm</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County NASH Instrument Location SAT MODE NO 6
Instrument Serial No. 208540 SHAWTSU

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 31 day of JULY, 2014, 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]
Signature of Certifying Official

663
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580
Test Date: 08/31/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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, ERYON 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: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:27pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:32pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

NASH COUNTY BAT MOBILE UNIT 6 630

Serial Number: 008580    Test Record Number: 2455
Test Date: 08/31/2018    Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:36pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:37pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 26 day of August, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

Serial Number: 008698
Test Date: 08/26/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: PTA
Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 12:01am
AIR BLK .00 12:02am
ACCY CHK .08 12:02am
AIR BLK .00 12:04am
SUB TEST .00 12:04am
AIR BLK .00 12:05am
SUB TEST .00 12:07am
AIR BLK .00 12:08am

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
Intox EC/IR-II: Preventive Maintenance

NEW HANOVER BAT MOBILE UNIT 1 640

Serial Number: 008698    Test Record Number: 1380
Test Date: 08/26/2018    Test Time: 12:21am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:22am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:23am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test

HARNETT COUNTY BAT MOBILE UNIT 1 420

Serial Number: 008600
Test Date: 08/10/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:35pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:37pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:39pm</td>
</tr>
</tbody>
</table>

Reported AC: .08 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
THE ORANGE COUNTY MEDICAL CENTER

FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: New Hanover Instrument Location: BAT mobile Unit 1
Instrument Serial No: 008600 UNCW

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

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

I certify that on the 25th day of August, 2016 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NEW HANOVER BAT MOBILE UNIT 1 640

Serial Number: 008600
Test Date: 08/25/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG716201
Exp Date: 06/11/2019

Test  g/210L  Time
DIAG  Pass    11:42pm
AIR BLK .00    11:43pm
ACCY CHK .07    11:43pm
AIR BLK .00    11:44pm
SUB TEST .00    11:46pm
AIR BLK .00    11:47pm
SUB TEST .00    11:49pm
AIR BLK .00    11:50pm

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
# Intox EC/IR-II: Preventive Maintenance

**NEW HANOVER BAT MOBILE UNIT 1 640**

Serial Number: 008600  
Test Record Number: 1822  
Test Date: 08/25/2018  
Test Time: 11:51pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:52pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:53pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:53pm</td>
</tr>
</tbody>
</table>

**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: Pasquotank
Instrument Location: Elizabeth City P.O.
Instrument Serial No. 008918
305 E. Main St., Elizabeth City

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

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

I certify that on the 30th day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

PASQUOTANK COUNTY ELIZABETH CITY PD
690

Serial Number: 008918
Test Date: 08/30/2018

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 08/01/2017-08/01/2019

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 11:09am
AIR BLK .00 11:10am
ACCY CHK .08 11:10am
AIR BLK .00 11:11am
SUB TEST .00 11:12am
AIR BLK .00 11:13am
SUB TEST .00 11:14am
AIR BLK .00 11:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

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

PASQUOTANK COUNTY ELIZABETH CITY PD 690

Serial Number: 008918    Test Record Number: 639
Test Date: 08/30/2018    Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Pasquotank
Instrument Location: Pasquotank Co. Police Safety

Instrument Serial No.: 008950
Bldg.: 200 E. Colonial St., Elizabeth City, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: 008950
Test Date: 08/30/2018

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 08/01/2017-08/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:23am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:24am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:28am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

[Signature]
Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690**

**Serial Number:** 008950  |  **Test Record Number:** 1644  
**Test Date:** 08/30/2018  |  **Test Time:** 10:31am EDT

- **System Check:** Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:33am</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:33am</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:33am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:33am</td>
</tr>
</tbody>
</table>

- **Preventive Maintenance Status:** Pass

---

**Signature:**

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Person Instrument Location Person Co. LEC

Instrument Serial No. 008651 120 Court St. Roxboro, NC

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

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

I certify that on the 14 day of AUGUST, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008651
Test Date: 08/14/2018

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG702302
Exp Date: 01/23/2019

Test g/210L Time
DIAG Pass 4:05pm
AIR BLK .00 4:05pm
ACCY CHK .08 4:06pm
AIR BLK .00 4:07pm
SUB TEST .00 4:09pm
AIR BLK .00 4:09pm
SUB TEST .00 4:12pm
AIR BLK .00 4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

 Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**PERSON COUNTY PERSON CO. LEC 720**

Serial Number: 008651  Test Record Number: 1381  Test Date: 08/14/2018  Test Time: 4:13pm EDT

System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:15pm</td>
</tr>
</tbody>
</table>

## Preventive Maintenance

Status: Pass

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Person Instrument Location Person Cole

Instrument Serial No. 008693 120 Court St Roxboro NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14 day of August , 2018 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]
Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

*PERSON COUNTY PERSON CO. LEC 720*

Serial Number: 008693  
Test Date: 08/14/2018

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702302  
Exp Date: 01/23/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:04pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:12pm</td>
</tr>
</tbody>
</table>

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
### System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:13pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:14pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2nd day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662
Test Date: 08/27/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2017-06/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

Test   g/210L  Time

DIAG   Pass   11:42am
AIR BLK  .00   11:43am
ACCY CHK  .07   11:43am
AIR BLK  .00   11:44am
SUB TEST  .00   11:45am
AIR BLK  .00   11:46am
SUB TEST  .00   11:47am
AIR BLK  .00   11:48am

Reported AC:  .00 g/210L

Signature of Chemical/Analyst

Court CVR

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662  Test Record Number: 1074
Test Date: 08/27/2018  Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Pitt
Instrument Location Pitt Co. Detention Ctr.,

Instrument Serial No. 008646 124 Detention Dr., Greenville, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] [Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646
Test Date: 08/27/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2017-06/01/2019

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 11:29am
AIR BLK .00 11:29am
ACCY CHK .08 11:30am
AIR BLK .00 11:31am
SUB TEST .00 11:31am
AIR BLK .00 11:32am
SUB TEST .00 11:34am
AIR BLK .00 11:35am

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

[Signature of Analyst]

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646   Test Record Number: 3693
Test Date: 08/27/2018   Test Time: 11:36am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 27th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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 6043
Intox EC/IR-II: Subject Test

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668
Test Date: 08/27/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2017-06/01/2019

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

Lot Number: AG722408
Exp Date: 08/12/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:15am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:18am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668    Test Record Number: 3055
Test Date: 08/27/2018    Test Time: 11:22am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of AUGUST, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDOLPH CO JAIL 750

Serial Number: 008860
Test Date: 08/20/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

Test   g/210L   Time
DIAG   Pass    1:04pm
AIR BLK .00   1:04pm
ACCY CHK .07   1:05pm
AIR BLK .00   1:06pm
SUB TEST .00   1:06pm
AIR BLK .00   1:07pm
SUB TEST .00   1:09pm
AIR BLK .00   1:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**RANDOLPH COUNTY RANDOLPH CO JAIL 750**

Serial Number: 008860    Test Record Number: 2624  
Test Date: 08/20/2018    Test Time: 1:10pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 20th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDOLPH CO JAIL 750

Serial Number: 008899
Test Date: 08/20/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 07/01/2017-07/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

Test g/210L Time
DIAG Pass 1:09pm
AIR BLK .00 1:10pm
ACCY CHK .08 1:10pm
AIR BLK .00 1:11pm
SUB TEST .00 1:12pm
AIR BLK .00 1:13pm
SUB TEST .00 1:14pm
AIR BLK .00 1:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

RANDOLPH COUNTY RANDOLPH CO JAIL 750

Serial Number: 008899    Test Record Number: 2913
Test Date: 08/20/2018    Test Time: 1:17pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature: Analyst]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 21 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008863
Test Date: 08/21/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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 10:27am
AIR BLK .00 10:27am
ACCY CHK .07 10:28am
AIR BLK .00 10:30am
SUB TEST .00 10:30am
AIR BLK .00 10:31am
SUB TEST .00 10:32am
AIR BLK .00 10:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

RANDOLPH COUNTY LIBERTY PD 750

Serial Number: 008863 Test Record Number: 589
Test Date: 08/21/2018 Test Time: 10:34am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:34am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:34am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:36am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:36am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County RUDDOPH Instrument Location RANDLEMAN POLICE DEPT
Instrument Serial No. 008728 RANDLEMAN, NC

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

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

I certify that on the 21 day of AUGUST, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008728
Test Date: 08/21/2018

Citation Number: M00000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
07/01/2017-07/01/2019

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  2:43pm
AIR BLK .00  2:44pm
ACCY CHK .07  2:45pm
AIR BLK .00  2:45pm
SUB TEST .00  2:46pm
AIR BLK .00  2:47pm
SUB TEST .00  2:48pm
AIR BLK .00  2:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
 Analyst

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

*RANDOLPH COUNTY RANDLEMAN PD 750*

Serial Number: 008728    Test Record Number: 327  
Test Date: 08/21/2018   Test Time: 2:50pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 25th day of August 2018, 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]

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008775
Test Date: 08/25/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2017-08/01/2019

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  11:31pm
AIR BLK .00  11:32pm
ACCY CHK .07  11:33pm
AIR BLK .00  11:34pm
SUB TEST .00  11:34pm
AIR BLK .00  11:35pm
SUB TEST .00  11:37pm
AIR BLK .00  11:37pm

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
Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008775    Test Record Number: 1790
Test Date: 08/25/2018    Test Time: 11:40pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:41pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:42pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __________________________ Instrument Location __________________________

Instrument Serial No. 008615 SHP - Randolph

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

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

I certify that on the 25 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615
Test Date: 08/25/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:30pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:31pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:33pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:35pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

 Analyst

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

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008615 Test Record Number: 5556
Test Date: 08/25/2018 Test Time: 11:37pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:37pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 24 day of August, 2018, 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]

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BATE MOBILE UNIT 8 750

Serial Number: 008736
Test Date: 08/26/2018

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

Analyst's Name: SKINNER, TONYA B
Permission Number: 13651E
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:21am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:22am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:27am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:29am</td>
</tr>
</tbody>
</table>

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

**RANDOLPH COUNTY BAT MOBILE UNIT 8 750**

Serial Number: 008736    Test Record Number: 916
Test Date: 08/26/2018    Test Time: 12:31am EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:31am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:32am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:32am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:32am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:32am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Randolph Instrument Location Bat mobile Unit 6
Instrument Serial No. 008929 SITP Randolph

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

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

I certify that on the 25 day of August, 2016, 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]

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**RANDOLPH COUNTY BAT MOBILE UNIT 8 750**

Serial Number: 008929  
Test Date: 08/25/2018

Citation Number: M0000000-0

Subject's Name:  
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911  
Subject's Sex: Female  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
08/01/2017-08/01/2019

Officer's Name: NONE, NONE

Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:39pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:42pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BAT MOBILE UNIT 8 750

Serial Number: 008929    Test Record Number: 1009
Test Date: 08/25/2018    Test Time: 11:46pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:48pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:48pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:48pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:48pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph       Instrument Location: Bat mobile unit

Instrument Serial No: 008601       SHP: Randolph

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

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

I certify that on the 25th day of August, 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]
Signature of Certifying Official

644
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY BATMOBILE UNIT 8 750

Serial Number: 008601
Test Date: 08/25/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:52pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:57pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

RANDOLPH COUNTY BATMOBILE UNIT 8 750

Serial Number: 008601  Test Record Number: 1296
Test Date: 08/25/2018  Test Time: 11:59pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:59pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:00am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Signature: [Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 6th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701
Test Date: 08/06/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG805802
Exp Date: 02/27/2020

Test g/210L Time

DIAG Pass 1:48pm
AIR BLK .00 1:49pm
ACCY CHK .08 1:49pm
AIR BLK .00 1:50pm
SUB TEST .00 1:51pm
AIR BLK .00 1:52pm
SUB TEST .00 1:53pm
AIR BLK .00 1:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**RICHMOND COUNTY RICHMOND CO. MAG OFF 760**

Serial Number: 008701  Test Record Number: 1167  
Test Date: 08/06/2018  Test Time: 1:55pm EDT

**System Check: Passed**

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:55pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Robeson Co.  Instrument Location: Pembroke Police Dept.

Instrument Serial No.: 008831

Pembroke, NC -

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15th day of August, 201X, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY PEMBROKE POLICE DEPT
770

Serial Number: 008837
Test Date: 08/15/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG702302
Exp Date: 01/23/2019

Test   g/210L  Time

DIAG    Pass  11:37am
AIR BLK  .00  11:38am
ACCY CHK .08  11:39am
AIR BLK  .00  11:39am
SUB TEST .00  11:40am
AIR BLK  .00  11:41am
SUB TEST .00  11:43am
AIR BLK  .00  11:43am

Reported AC: .08 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837    Test Record Number: 1000
Test Date: 08/15/2018    Test Time: 11:49am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Co  Instrument Location St. Pauls Police Dep't

Instrument Serial No. 008814  St. Pauls, NC

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

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

I certify that on the 22nd day of August 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814  
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG702302  
Exp Date: 01/23/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:11am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:12am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:14am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16am</td>
</tr>
</tbody>
</table>

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
# Intox EC/IR-II: Preventive Maintenance

**ROBESON COUNTY ST. PAULS PD. 770**

Serial Number: 008814  Test Record Number: 635  
Test Date: 08/22/2018  Test Time: 10:17am EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:17am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:18am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:18am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:18am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:18am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 22nd day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857  Test Record Number: 534
Test Date: 08/22/2018  Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:11pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County     Robeson Co.    Instrument Location    Lumberton P.D.
Instrument Serial No.  00 8629    Lumberton, NC

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

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

I certify that on the 22nd day of August, 2018, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY LUMBERTON PD 770

Serial Number: 008629
Test Date: 08/22/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG734101
Exp Date: 12/07/2019

Test       g/210L  Time

DIAG       Pass  1:03pm
AIR BLK    .00   1:04pm
ACCY CHK   .07   1:04pm
AIR BLK    .00   1:05pm
SUB TEST   .00   1:06pm
AIR BLK    .00   1:07pm
SUB TEST   .00   1:08pm
AIR BLK    .00   1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Signature of Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:12pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 23rd day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008805
Test Date: 08/23/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:13pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:19pm</td>
</tr>
</tbody>
</table>

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
In tox EC/IR-II: Preventive Maintenance

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008805    Test Record Number: 4204
Test Date: 08/23/2018    Test Time: 12:20pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Roebuck Co. Instrument Location Roebuck Co., Tail

Instrument Serial No. 008836 Lumberton, NC

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

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

I certify that on the 23rd day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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 654

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

ROBESON COUNTY LUMBERTON LEC 770

Serial Number: 008836
Test Date: 08/23/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG734101
Exp. Date: 12/07/2019

Test  g/210L  Time

  DIAG  Pass  12:19pm
  AIR BLK .00  12:20pm
  ACCY CHK .07  12:21pm
  AIR BLK .00  12:22pm
  SUB TEST .00  12:22pm
  AIR BLK .00  12:23pm
  SUB TEST .00  12:25pm
  AIR BLK .00  12:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
# Intox EC/IR-II: Preventive Maintenance

**ROBESON COUNTY LUMBERTON LEIC 770**

Serial Number: 008836  Test Record Number: 4913  
Test Date: 08/23/2018  Test Time: 12:26pm EDT

System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:28pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August__________, 2018, 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SAMPSON COUNTY BAT MOBILE UNIT 6 810

Serial Number: 008776
Test Date: 08/19/2018

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:39pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:44pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

SAMPSON COUNTY BAT MOBILE UNIT 6810

Serial Number: 008776    Test Record Number: 3464
Test Date: 08/19/2018    Test Time: 4:46pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:47pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:48pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Scotland Co.  Instrument Location Laurinburg Police Dept.

Instrument Serial No. 00 88 34  Laurinburg, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 21st day of August, 2018, 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 421

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SCOTLAND COUNTY LAURINBURG PD. 820

Serial Number: 008834
Test Date: 08/21/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG734101
Exp Date: 12/07/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:59pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:00pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:04pm</td>
</tr>
</tbody>
</table>

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
### System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:06pm</td>
</tr>
</tbody>
</table>

### 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Scotland Co. Instrument Location Scotland Co. Tail

Instrument Serial No. 007861 Laurinburg, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 21st day of August 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861
Test Date: 08/21/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG721401
Exp Date: 08/02/2019

Test  g/210L  Time

  DIAG  Pass  1:45pm
  AIR BLK  .00  1:46pm
  ACCY CHK  .07  1:47pm
  AIR BLK  .00  1:48pm
  SUB TEST  .00  1:48pm
  AIR BLK  .00  1:49pm
  SUB TEST  .00  1:51pm
  AIR BLK  .00  1:52pm

Reported Alc: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861  Test Record Number: 1437
Test Date: 08/21/2018  Test Time: 1:53pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Stokes Instrument Location: Stokes County Jail
Instrument Serial No.: 008596 Danbury, N.C.

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

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

I certify that on the __________ day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 08/15/2018

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

Analyst's Name:
BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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

Lot Number: AG702401
Exp Date: 01/24/2019

Test     g/210L     Time
DIAG     Pass       11:00am
AIR BLK  .00       11:00am
ACCY CHK .08       11:01am
AIR BLK  .00       11:02am
SUB TEST .00       11:03am
AIR BLK  .00       11:04am
SUB TEST .00       11:05am
AIR BLK  .00       11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596  Test Record Number: 1022
Test Date: 08/15/2018  Test Time: 11:07am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:08am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 13th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

STOKES COUNTY KING PD 840

Serial Number: 008610
Test Date: 08/13/2018

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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

Lot Number: AG702401
Exp Date: 01/24/2019

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

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
Intox EC/IR-II: Preventive Maintenance

STOKES COUNTY KING PD 840

Serial Number: 008610    Test Record Number: 1962
Test Date: 08/13/2018    Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:44am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:44am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:44am</td>
</tr>
</tbody>
</table>

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

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

I certify that on the _9_ day of _August_, 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.
**Intox EC/IR-II: Subject Test**

**SURRY COUNTY ELKIN PD 850**

Serial Number: 008926  
Test Date: 08/09/2018

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

Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective: 06/01/2018-06/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>2:10pm</td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td></td>
<td>2:11pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>2:12pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>2:12pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>2:13pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>2:15pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>2:16pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Courtc CVR

[Signature]

Analyst

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926    Test Record Number: 812
Test Date: 08/09/2018    Test Time: 2:17pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 4th day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

SWAIN BAT MOBILE UNIT 02 860

Serial Number: 008973  Test Record Number: 526
Test Date: 08/04/2018  Test Time: 7:26pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:26pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:27pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

ChV 207

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test

SWAIN BAT MOBILE UNIT 02  860

Serial Number: 008973
Test Date: 08/04/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2017-06/01/2019

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  7:19pm
AIR BLK .00  7:20pm
ACCY CHK .08  7:20pm
AIR BLK .00  7:21pm
SUB TEST .00  7:22pm
AIR BLK .00  7:23pm
SUB TEST .00  7:24pm
AIR BLK .00  7:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008606 Brevard, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of August 18 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

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008606
Test Date: 08/22/2018

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:22pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008820 Brevard, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of August, 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008920
Test Date: 08/22/2018

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:01pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870**

Serial Number: 008820  Test Record Number: 1184  
Test Date: 08/22/2018  Test Time: 12:12pm EDT

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCC1</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:14pm</td>
</tr>
</tbody>
</table>

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: Vance  Instrument Location: Batmobile Unit C
Instrument Serial No: 008775  Henderson PD

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

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

I certify that on the 10 day of August, 2018, 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]
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)
Intox EC/IR-II: Subject Test

VANCE COUNTY BAT MOBILE UNIT 8 900

Serial Number: 008775
Test Date: 08/10/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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  9:55pm
AIR BLK .00  9:56pm
ACCY CHK .08  9:57pm
AIR BLK .00  9:58pm
SUB TEST .00  9:58pm
AIR BLK .00  9:59pm
SUB TEST .00  10:01pm
AIR BLK .00  10:02pm

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

**VANCE COUNTY BAT MOBILE UNIT 8 900**

Serial Number: 008775  Test Record Number: 1776  Test Date: 08/10/2018  Test Time: 10:04pm EDT

System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:04pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:04pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

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*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County VANCE Instrument Location Bet Mobile Unit
Instrument Serial No. 008816 Henderson PD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of August, 2018 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]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
**Intox EC/IR-II: Subject Test**

**VANCE COUNTY BAT MOBILE UNIT 8 900**

- **Serial Number:** 008816
- **Test Date:** 08/10/2018

**Citation Number:** M0000000-0

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

**Analyst's Name:** SKINNER, TONYA B

- **Permit Number:** 13651E
- **Effective:** 08/01/2017-08/01/2019

**Officer's Name:** NONE, NONE

- **Type of Agency:** PTA
- **Agency:** DHHS
- **Test Type:** Breath Test

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:03pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:09pm</td>
</tr>
</tbody>
</table>

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

---

**Signature of Chemical Analyst**

Court CVR

---

**Analyst Signatures**

**This form is used when performing Preventive Maintenance procedures**

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**VANCE COUNTY BAT MOBILE UNIT 6 200**

Serial Number: 008816    Test Record Number: 7425  
Test Date: 08/10/2018    Test Time: 10:13pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 0.2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of August, 2018 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]

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

VANCE COUNTY BAT MOBILE UNIT 8 900

Serial Number: 008736
Test Date: 08/10/2018

Citation Number: MO000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716201
Exp Date: 06/11/2019

Test g/210L Time

DIAG Pass 10:23pm
AIR BLK .00 10:24pm
ACCY CHK .08 10:24pm
AIR BLK .00 10:25pm
SUB TEST .00 10:26pm
AIR BLK .00 10:27pm
SUB TEST .00 10:28pm
AIR BLK .00 10:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

VANCE COUNTY BAT MOBILE UNIT 8 900

Serial Number: 008736    Test Record Number: 908
Test Date: 08/10/2018    Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:33pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:34pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:34pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass.

分析师

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 10 day of August, 2018, 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]

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**VANCE COUNTY BATMOBILE UNIT 8 900**

Serial Number: 008601  
Test Date: 08/10/2018

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

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

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702401  
Exp Date: 01/24/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:23pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

VANCE COUNTY BATMOBILE UNIT 8 900

Serial Number: 008601        Test Record Number: 1284
Test Date: 08/10/2018        Test Time: 10:24pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Vance Instrument Location Vance Co Sheriff's Office

Instrument Serial No. 008870 154 Church St, Henderson, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870
Test Date: 08/28/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:22pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>1:23pm</td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td></td>
<td>1:24pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>1:25pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>1:27pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>1:28pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>1:29pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>1:30pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870    Test Record Number: 2368
Test Date: 08/28/2018    Test Time: 1:31pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Vance Instrument Location Vance Co Sheriff's Office

Instrument Serial No. 008937 150 Church St Henderson, NC

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

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

I certify that on the 28 day of August, 2018, 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]
Signature of Certifying Official

Certificate Number 662

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937
Test Date: 08/28/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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

Lot Number: AG702402
Exp Date: 01/24/2019

Test  g/210L  Time
DIAG  Pass  1:23pm
AIR BLK .00  1:24pm
ACCY CHK .08  1:25pm
AIR BLK .00  1:26pm
SUB TEST .00  1:26pm
AIR BLK .00  1:27pm
SUB TEST .00  1:29pm
AIR BLK .00  1:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937    Test Record Number: 2609
Test Date: 08/28/2018    Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:31pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:32pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake Instrument Location: But Mobile Unit 8
Instrument Serial No: 008814 Raleigh PD

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

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

I certify that on the 16th day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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: Jonya B. Skinner
Certificate Number: 1041

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY BATA MOBILE UNIT 8 910

Serial Number: 008816
Test Date: 08/16/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

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

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:00pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:05pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 8 910

Serial Number: 008816    Test Record Number: 7434
Test Date: 08/16/2018    Test Time: 9:06pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:06pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:06pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:07pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of August, 2018 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.
**Intox EC/IR-II: Subject Test**

**WAKE COUNTY BAT MOBILE UNIT 8 910**

Serial Number: 008775  
Test Date: 08/16/2018

Citation Number: M00000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Female  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
08/01/2017-08/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:04pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:10pm</td>
</tr>
</tbody>
</table>

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

**WAKE COUNTY BAT MOBILE UNIT 8 910**

Serial Number: 008775    Test Record Number: 1783
Test Date: 08/16/2018    Test Time: 9:11pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:11pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:12pm</td>
</tr>
</tbody>
</table>

**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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake
Instrument Location: Bar mod. Unit 8
Instrument Serial No: 008401

Raleigh PD

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

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

I certify that on the 14th day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY BATMOBILE UNIT 8 910

Serial Number: 008601
Test Date: 08/16/2018

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG702401
Exp Date: 01/24/2019

Test g/210L Time

DIAG Pass 9:14pm
AIR BLK .00 9:15pm
ACCY CHK .08 9:16pm
AIR BLK .00 9:17pm
SUB TEST .00 9:18pm
AIR BLK .00 9:19pm
SUB TEST .00 9:20pm
AIR BLK .00 9:21pm

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

**WAKE COUNTY BATMOBILE UNIT 8 910**

Serial Number: 008601    Test Record Number: 1291
Test Date: 08/16/2018    Test Time: 9:22pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: **Wake**
Instrument Location: **Raleigh PD Northeast District**

Instrument Serial No: **BD 8623**
**5228 Green's Dairy Rd Raleigh, NC**

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

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

I certify that on the **20** day of **August**, **2018** the forgoing preventive maintenance procedures were performed on the 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]

Signature of Certifying Official

Certificate Number **637**

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY NORTH EAST DISTRICT 910
Serial Number: 008623
Test Date: 08/20/2018
Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG716202
Exp Date: 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:53am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:54am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:55am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:56am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:57am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:58am</td>
</tr>
</tbody>
</table>

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

**WAKE COUNTY NORTH EAST DISTRICT 910**  
Serial Number: 008623  
Test Record Number: 3690  
Test Date: 08/20/2018  
Test Time: 9:59am EDT  
System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:59am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:59am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:00am</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRMT</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of August, 2018, 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.
**Intox EC/IR-II: Subject Test**

**WAKE COUNTY DETENTION CENTER 910**

Serial Number: 008612  
Test Date: 08/27/2018

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

Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG807102  
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:48pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:51pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:55pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

[Signature]

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*
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612    Test Record Number: 4013
Test Date: 08/27/2018    Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:00pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:00pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:00pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:01pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 27 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577
Test Date: 08/27/2018

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective: 08/01/2017-08/01/2019

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 Pass 2:45pm
AIR BLK .00 2:46pm
ACCY CHK .07 2:47pm
AIR BLK .00 2:48pm
SUB TEST .00 2:49pm
AIR BLK .00 2:50pm
SUB TEST .00 2:51pm
AIR BLK .00 2:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577    Test Record Number: 3970
Test Date: 08/27/2018    Test Time: 2:53pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:54pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location WAKE C O PRISON CTR
Instrument Serial No. 008728 3301 HAMMONDRD RALEIGH, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of August, 2018 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 637

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778
Test Date: 08/27/2018

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
08/01/2017-08/01/2019

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:13pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:19pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**WAKE COUNTY DETENTION CENTER 910**

Serial Number: 008778   Test Record Number: 3360  
Test Date: 08/27/2018   Test Time: 2:22pm EDT

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

[Signature]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 27 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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
**Intox EC/IR-II: Subject Test**

**WAKE COUNTY DETENTION CENTER 910**

Serial Number: 008760  
Test Date: 08/27/2018

Citation Number: MG000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D  
Permit Number: 08937E  
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG807102  
Exp Date: 03/12/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:11pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>2:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:12pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>2:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>2:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>2:18pm</td>
</tr>
</tbody>
</table>

**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
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008760   Test Record Number: 3078
Test Date: 08/27/2018   Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:21pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  WAKE  Instrument Location  CARY PD

Instrument Serial No. 008587  102 Wilkinson Ave  Cary, NC

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

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

I certify that on the 17 day of August, 2018, 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]
Signature of Certifying Official

[Certificate Number]

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

DIHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY CARY PD 910

Serial Number: 008587
Test Date: 08/17/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:10pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:12pm</td>
</tr>
</tbody>
</table>

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
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY CARY PD 910

Serial Number: 008587    Test Record Number: 3849
Test Date: 08/17/2018    Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:16pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:17pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake
Instrument Location: Apex PD Station 41

Instrument Serial No. 008621 1615 E. Williamson St. Apex NC

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

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

I certify that on the 17 day of August, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY APEX PD
Serial Number: 008621
Test Date: 08/17/2018
Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:20pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:22pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:23pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:25pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**WAKE COUNTY APEX PD**

<table>
<thead>
<tr>
<th>Serial Number: 008621</th>
<th>Test Record Number: 2492</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date: 08/17/2018</td>
<td>Test Time: 3:26pm EDT</td>
</tr>
<tr>
<td>System Check: Passed</td>
<td></td>
</tr>
</tbody>
</table>

#### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:26pm</td>
</tr>
</tbody>
</table>

#### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:27pm</td>
</tr>
</tbody>
</table>

#### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:27pm</td>
</tr>
</tbody>
</table>

#### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:27pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

**Status:** Pass

---

**Signatures:**

**Analyst**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County **Wake**
Instrument Location **Knightsdale P.S.**
Instrument Serial No. **008838**

979 Strode Square Ct
**Knightsdale, NC**

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

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

I certify that on the **27** day of **August**, 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838
Test Date: 08/27/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 05/01/2017-05/01/2019

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

Lot Number: AG807102
Exp Date: 03/12/2020

Test     g/210L     Time
         DIAG     Pass     9:57am
AIR BLK  .00       9:58am
ACCY CHK .07       9:59am
AIR BLK  .00       9:59am
SUB TEST .00       10:00am
AIR BLK  .00       10:01am
SUB TEST .00       10:02am
AIR BLK  .00       10:03am

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
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838    Test Record Number: 1742
Test Date: 08/27/2018    Test Time: 10:04am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 ______________, 2018 the forgoing preventive maintenance procedures were performed on the 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]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**WAKE COUNTY BAT MOBILE UNIT 8 910**

- **Serial Number:** 008615
- **Test Date:** 08/30/2018

**Citation Number:** M0000000-0

**Subject's Name:** PREVENTIVE, MAINTENANCE

- **Subject's Date of Birth:** 11/11/1911
- **Subject's Sex:** Female
- **Driver's License State:** XX
- **Driver's License Number:** NONE

**Analyst's Name:** SKINNER, TONYA B

- **Permit Number:** 13651E
- **Effective:** 08/01/2017-08/01/2019

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

**Lot Number:** AG716201

**Exp Date:** 06/11/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:02pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07pm</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

Court CVR

**Analyst**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

**WAKE COUNTY BAT MOBILE UNIT 8 910**

Serial Number: 008615  Test Record Number: 5566  Test Date: 08/30/2018  Test Time: 11:10pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:10pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:11pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:11pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:11pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake
Instrument Location: Bot molic Unit 8

Instrument Serial No: 008929
Garner PD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30 day of August, 2018 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]
Signature of Certifying Official

[Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 8910

Serial Number: 008929
Test Date: 08/30/2018

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

Analyst's Name: SKINNER, TONYA B
   Permit Number: 13651E
   Effective:
      08/01/2017-08/01/2019

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    11:04pm
AIR BLK .00    11:05pm
ACCY CHK .08    11:06pm
AIR BLK .00    11:07pm
SUB TEST .00    11:08pm
AIR BLK .00    11:09pm
SUB TEST .00    11:10pm
AIR BLK .00    11:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**WAKE COUNTY BAT MOBILE UNIT 8 910**

Serial Number: 008929  Test Record Number: 1014  
Test Date: 08/30/2018  Test Time: 11:14pm EDT

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:16pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:16pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:16pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:16pm</td>
</tr>
</tbody>
</table>

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 6th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
**Intox EC/IR-II: Subject Test**

**WAYNE COUNTY WAYNE CO DETENTION 950**

Serial Number: 008847  
Test Date: 08/06/2018

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: 11646  
Effective:  
08/01/2017-08/01/2019

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

Lot Number: AG710701  
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:36pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:38pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:42pm</td>
</tr>
</tbody>
</table>

Reported BC: .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
Intox EC/IR-II: Preventive Maintenance

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847    Test Record Number: 643
Test Date: 08/06/2018    Test Time: 3:43pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>3:44pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:45pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:45pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:45pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wayne Instrument Location Wayne Co. Detention Ctr.
Instrument Serial No. 008671 207 E. Chestnut St, Goldsboro, NC

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

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

I certify that on the 26th day of August, 2018 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 647

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671
Test Date: 08/20/2018

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective:
08/01/2017-08/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671   Test Record Number: 4630
Test Date: 08/20/2018   Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wayne Instrument Location Wayne Co. Detention CT.
Instrument Serial No. 008649 207 E. Chestnut St., Goldsboro, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20th day of August, 2018, the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649
Test Date: 08/20/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linda Kees
Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:20pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:21pm</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wayne Instrument Location: Wayne Co. Detective CTR

Instrument Serial No. 0084649 207E. Chestnut St., Goldsboro, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24th day of August, 2017, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number: 647

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649
Test Date: 08/24/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
 Effective: 08/01/2017-08/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

Test g/210L Time
DIAG Pass 11:19am
AIR BLK .00 11:20am
ACCY CHK .08 11:21am
AIR BLK .00 11:21am
SUB TEST .00 11:22am
AIR BLK .00 11:23am
SUB TEST .00 11:26am
AIR BLK .00 11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649    Test Record Number: 3580
Test Date: 08/24/2018    Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24th day of August, 2018 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.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671
Test Date: 08/24/2018

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 11646
Effective: 08/01/2017-08/01/2019

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

Lot Number: AG710701
Exp Date: 04/17/2019

Test  g/210L  Time

DIAG  Pass  11:18am
AIR BLK .00  11:19am
ACCY CHK .07  11:20am
AIR BLK .00  11:21am
SUB TEST .00  11:22am
AIR BLK .00  11:23am
SUB TEST .00  11:25am
AIR BLK .00  11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAYNE COUNTY WAYNE CO DETENTION  950

Serial Number: 008671    Test Record Number: 4638
Test Date: 08/24/2018    Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

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

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

I certify that on the 1 day of August, 2018 the forgoing preventive maintenance procedures were performed on the 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.
Intox EC/IR-II: Subject Test

WATAUGA COUNTY BOONE P D  940

Serial Number: 008716
Test Date: 08/01/2018

Citation Number: M0000000-0

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective: 05/01/2017-05/01/2019

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 Pass 5:03pm
AIR BLK .00 5:04pm
ACCY CHK .08 5:05pm
AIR BLK .00 5:05pm
SUB TEST .00 5:06pm
AIR BLK .00 5:07pm
SUB TEST .00 5:09pm
AIR BLK .00 5:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716    Test Record Number: 2328
Test Date: 08/01/2018    Test Time: 5:10pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>5:11pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>5:11pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>5:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:11pm</td>
</tr>
</tbody>
</table>

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: Wilkes Instrument Location: Wilkes County Detention
Instrument Serial No.: 808865 Wilkesboro, N.C.

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

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

I certify that on the 14th day of August, 2018, 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 657

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

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**WILKES COUNTY WILKES CO DETENTION 960**

Serial Number: 008865  
Test Date: 08/14/2018

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

Analyst's Name: BENFIELD II, KENNETH R  
Permit Number: 220676  
Effective: 06/01/2018-06/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:54am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:54am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:55am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:57am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:58am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:00am</td>
</tr>
</tbody>
</table>

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
# Intox EC/IR-II: Preventive Maintenance

**WILKES COUNTY WILKES CO DETENTION 960**

Serial Number: 008865  
Test Record Number: 637  
Test Date: 08/14/2018  
Test Time: 11:01am EDT

- System Check: Passed

## Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
</tbody>
</table>

## Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:02am</td>
</tr>
</tbody>
</table>

## Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:03am</td>
</tr>
</tbody>
</table>

## Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:03am</td>
</tr>
</tbody>
</table>

## CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:03am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:03am</td>
</tr>
</tbody>
</table>

## 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County: Wilkes  Instrument Location: Wilkes County Detention
Instrument Serial No.: 008843  Wilkesboro, N.C.

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

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

I certify that on the 14 day of August, 2018, 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: [Signature]
Certificate Number: 657

A signed original of the preventive maintenance record shall be kept on file for at least three years.
**Intox EC/IR-II: Subject Test**

**WILKES COUNTY WILKES CO DETENTION 960**

Serial Number: 008843  
Test Date: 08/14/2018

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

Analyst's Name:  
BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective: 06/01/2018-06/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:05am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:06am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:07am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:08am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
</tr>
</tbody>
</table>

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

WILKES COUNTY WILKES CO DETENTION 960

Serial Number: 008843  Test Record Number: 2279
Test Date: 08/14/2018  Test Time: 11:12am EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:13am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:14am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:14am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:14am</td>
</tr>
</tbody>
</table>

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Yadkin
Instrument Location Yadkin County Jail
Instrument Serial No. 0008944
Yadkinville, N.C.

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

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

I certify that on the 9th day of August 2018, 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.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL: 980

Serial Number: 008944
Test Date: 08/09/2018

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

Analyst's Name:
BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 06/01/2018-06/01/2020

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

Lot Number: AG702302
Exp Date: 01/23/2019

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:08pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944    Test Record Number: 1533
Test Date: 08/09/2018    Test Time: 1:15pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:16pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Yadkin Instrument Location Yadkin County Jail

Instrument Serial No. 008854 Yadkinville, N.C.

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

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

I certify that on the 9 day of August, 2018, 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] 657

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854
Test Date: 08/09/2018

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
06/01/2018-06/01/2020

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

Lot Number: AG702302
Exp Date: 01/23/2019

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

--------------------------------------------------
Analyst

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008854  Test Record Number: 515
Test Date: 08/09/2018  Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:15pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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