DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Alamance Instrument Location Alamance Co Jail

Instrument Serial No. 008924 109 S. Mark St Graham, 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 Apr, 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 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

ALAMANCE COUNTY ALAMANCE COUNTY JAIL
000

Serial Number: 008924
Test Date: 04/22/2019

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 04/01/2019-04/01/2021

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

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

Test    g/210L    Time

DIAG    Pass    9:53am
AIR BLK .00    9:54am
ACCCY CHK .08    9:54am
AIR BLK .00    9:55am
SUB TEST .00    9:57am
AIR BLK .00    9:58am
SUB TEST .00    9:59am
AIR BLK .00    10:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[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
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>10:01am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:01am</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>10:01am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:01am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:01am</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>10:02am</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>10:02am</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>10:02am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:02am</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 Alamance Instrument Location Alamance Co Jail

Instrument Serial No. 00893 109 S Maple St Graham NC

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

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

I certify that on the 29 day of April, 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 142
Certificate Number

A signed original of 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 ALAMANCE CO. JAIL 000

Serial Number: 008913
Test Date: 04/29/2019

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 04/01/2019-04/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:36am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:37am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:38am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:38am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:39am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:42am</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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913    Test Record Number: 3487
Test Date: 04/29/2019    Test Time: 11:42am 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>11:42am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:42am</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>11:43am</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>11:43am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:43am</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: Anson Instrument Location: BF Mobile Unit #5

Instrument Serial No.: 8204 Woodsboro, NC.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29 day of April, 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

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

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

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008704
Test Date: 04/29/2019

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

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

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

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

Test      g/210L   Time

DIAG      Pass    7:29pm
AIR BLK   .00     7:30pm
ACCY CHK  .08     7:31pm
AIR BLK   .00     7:32pm
SUB TEST  .00     7:32pm
AIR BLK   .00     7:33pm
SUB TEST  .00     7:35pm
AIR BLK   .00     7:36pm

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**

**ANSON COUNTY BAT MOBILE UNIT 5 030**

Serial Number: 008704    Test Record Number: 551
Test Date: 04/29/2019    Test Time: 7:38pm 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>7:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:38pm</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>7:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:38pm</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>7:39pm</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>7:39pm</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>7:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:39pm</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 29 day of April, 2019 the forgoing preventive maintenance procedures were performed on the 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

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008647
Test Date: 04/29/2019

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

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

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

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

Test | g/210L | Time
-----|-------|-----
DIAG | Pass  | 7:27pm
AIR BLK | .00 | 7:28pm
ACCY CHK | .07 | 7:28pm
AIR BLK | .00 | 7:29pm
SUB TEST | .00 | 7:30pm
AIR BLK | .00 | 7:31pm
SUB TEST | .00 | 7:33pm
AIR BLK | .00 | 7:33pm

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

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008647    Test Record Number: 2452
Test Date: 04/29/2019    Test Time: 7:36pm 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>7:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:36pm</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>7:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:36pm</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>7:37pm</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>7:37pm</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>7:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:37pm</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 Awsum Instrument Location BAT mobile units

Instrument Serial No. 8707 Raleigh

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

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

I certify that on the 13 day of April 1, 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 of Certifying Official]
Certificate Number 664

A signed 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

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008707    Test Record Number: 2573
Test Date: 04/13/2019    Test Time: 9:04pm 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>9:04pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:04pm</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>9:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:04pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:04pm</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>9:05pm</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>9:05pm</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>9:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:05pm</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
Intox EC/IR-II: Subject Test

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008707
Test Date: 04/13/2019

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

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

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:56pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>8:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:00pm</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>
</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Anson
Instrument Location: SAT Mobile Unit 415

Instrument Serial No.: 8575
PO Box 1568

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

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

A signed 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**

**ANSON COUNTY BAT MOBILE UNIT 5 030**

Serial Number: 008575  Test Record Number: 1147  
Test Date: 04/13/2019  Test Time: 9:07pm 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>9:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:07pm</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>FCl</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>9:08pm</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>9:08pm</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>9:08pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:08pm</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
Intox EC/IR-II: Subject Test

ANSON COUNTY BAT MOBILE UNIT 5 030

Serial Number: 008575
Test Date: 04/13/2019

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

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

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

<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>.08</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>9:05pm</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

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: Buncombe
Instrument Location: Bus mobile Unit 1

Instrument Serial No. 08788

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 May, 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: 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 1 100

Serial Number: 008788
Test Date: 04/24/2019

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

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

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  9:27pm
AIR BLK  .00  9:28pm
ACCY CHK  .08  9:28pm
AIR BLK  .00  9:29pm
SUB TEST  .00  9:30pm
AIR BLK  .00  9:31pm
SUB TEST  .00  9:32pm
AIR BLK  .00  9:33pm

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

BUNCOMBE BAT MOBILE UNIT 1100

Serial Number: 008788    Test Record Number: 1392
Test Date: 04/24/2019    Test Time: 9:34pm 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>9:34pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:34pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:34pm</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>9:34pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:34pm</td>
</tr>
<tr>
<td>DFT</td>
<td>Pass</td>
<td>9:34pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:34pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:34pm</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>9:35pm</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>9:35pm</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>9:35pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:35pm</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Buncombe Instrument Location B001 Unit 1
Instrument Serial No. 608788

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

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

Certificate Number

A signed 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**

*BUNCOMBE BAT MOBILE UNIT 1 100*

Serial Number: 008788    Test Record Number: 1387
Test Date: 04/19/2019    Test Time: 7:45pm 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>7:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:45pm</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>7:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:45pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>7:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:45pm</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>7:46pm</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>7:46pm</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>7:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:46pm</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
Intox EC/IR-II: Subject Test

BUNCOMBE BAT MOBILE UNIT 1 100

Serial Number: 008788
Test Date: 04/19/2019

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

Analyst's Name: 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: 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>7:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:39pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>7:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:44pm</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
THE PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Buncombe Instrument Location: Buncombe Co. Jail

Instrument Serial No: 003697

Asheville, NC

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

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

I certify that on the 24th day of April, 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

A signed original of 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 COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697
Test Date: 04/24/2019

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

Officer's Name: 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 1:51pm
AIR BLK .00 1:52pm
ACCY CHK .08 1:52pm
AIR BLK .00 1:53pm
SUB TEST .00 1:54pm
AIR BLK .00 1:55pm
SUB TEST .00 1:56pm
AIR BLK .00 1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008697    Test Record Number: 3539
Test Date: 04/24/2019    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>1:58pm</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>1:58pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:58pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:58pm</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>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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Buncombe
Instrument Location: Buncombe Co Jail

Instrument Serial No: 008808

Asheville, NC

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

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

I certify that on the 24 day of April, 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: 649

A signed original of 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 COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008808
Test Date: 04/24/2019

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: 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: AG821401
Exp Date: 08/02/2020

Test g/210L Time

DIAG Pass 1:48pm
AIR BLK .00 1:49pm
ACCY CHK .07 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

[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: 008808    Test Record Number: 1247
Test Date: 04/24/2019    Test Time: 1:56pm 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>1:56pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:56pm</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>1:56pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:56pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:56pm</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>1:57pm</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>1:57pm</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>1:57pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:57pm</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 Buncombe Instrument Location Buncombe Co Jail

Instrument Serial No. CD6784 Asheville NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24th day of April, 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 649

A signed original of 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 COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798
Test Date: 04/24/2019

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: 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: AG821801
Exp Date: 08/05/2020

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:51pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</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>1:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:56pm</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: 008798  
Test Record Number: 4809  
Test Date: 04/24/2019  
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>1:59pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:59pm</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>DET</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>2:00pm</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>2:00pm</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>2:00pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:00pm</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: Burke
Instrument Location: Burke - Catawba Jail

Instrument Serial No. 008904

Morgantown, WV

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

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

I certify that on the 23 day of April, 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

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

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904  
Test Date: 04/23/2019

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

Analyst's Name: 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>3:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:45pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:50pm</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 BC/IR-II: Preventive Maintenance

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904   Test Record Number: 2384
Test Date: 04/23/2019   Test Time: 3:51pm 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>3:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:52pm</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>3:52pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:52pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:52pm</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>3:52pm</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>3:52pm</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>3:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:53pm</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 Burke Instrument Location Burke - Catawba Jail

Instrument Serial No. 008831 Morganton, NC

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

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

I certify that on the 23 day of April, 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]

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

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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831
Test Date: 04/23/2019

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

Analyst's Name: 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: 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>3:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:46pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:52pm</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

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831    Test Record Number: 2077
Test Date: 04/23/2019    Test Time: 3:53pm 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>3:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:53pm</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>3:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:54pm</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>3:54pm</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>3:54pm</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>3:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:54pm</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 Cabarrus Instrument Location Cabarrus County SO
Instrument Serial No. 008590 30 Constable Ave, Concord

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

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

I certify that on the 16 day of April, 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

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

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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590
Test Date: 04/16/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test   g/210L  Time

DIAG    Pass   11:35am
AIR BLK .00   11:36am
ACCY CHK .08   11:37am
AIR BLK .00   11:38am
SUB TEST .00   11:39am
AIR BLK .00   11:40am
SUB TEST .00   11:41am
AIR BLK .00   11:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court OVR

[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

CABARRUS COUNTY CABARRUS COUNTY SO 120

Serial Number: 008590    Test Record Number: 3075
Test Date: 04/16/2019    Test Time: 11:43am 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>11:43am</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>FCL</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>11:44am</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>11:44am</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>11:44am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:44am</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Columbus
Instrument Location: BAT Mobile units

Instrument Serial No.: 6704 - Old Dock, 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 April, 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

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

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

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008704
Test Date: 04/27/2019

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

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

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

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

<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>.08</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>9:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:32pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:33pm</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

**COLUMBUS COUNTY BAT MOBILE UNIT 5 230**

- **Serial Number:** 008704
- **Test Record Number:** 549
- **Test Date:** 04/27/2019
- **Test Time:** 10:06pm 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>10:06pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:06pm</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>10:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:06pm</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>10:07pm</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>10:07pm</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>10:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:07pm</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: Columbus  Instrument Location: PATE Mobile Unit 
Instrument Serial No.: 8826  Old Dock, 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 April, 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

A signed 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**

**COLUMBUS COUNTY BAT MOBILE UNIT 5 230**

Serial Number: 008826    Test Record Number: 8102
Test Date: 04/27/2019    Test Time: 9:46pm 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>9:46pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:46pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:46pm</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>9:46pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:46pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:46pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:46pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:46pm</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>9:47pm</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>9:47pm</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>9:47pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:47pm</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
Intox EC/IR-II: Subject Test

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008826
Test Date: 04/27/2019

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

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

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

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

Test | g/210L | Time
--- | --- | ---
DIAG | Pass | 9:35pm
AIR BLK | .00 | 9:36pm
ACCY CHK | .08 | 9:37pm
AIR BLK | .00 | 9:38pm
SUB TEST | .00 | 9:40pm
AIR BLK | .00 | 9:41pm
SUB TEST | .00 | 9:42pm
AIR BLK | .00 | 9:43pm

Reported AC: .00 g/210L

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Columbus Instrument Location BAT Mobile Unit #5
Instrument Serial No. 8647 Old Dock Ave.

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

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

Certificate Number 664

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

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

COLUMBUS COUNTY BAT MOBILE UNIT 5 230

Serial Number: 008647
Test Date: 04/27/2019

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

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

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

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

Test g/210L Time

DIAG Pass 9:21pm
AIR BLK .00 9:22pm
ACCY CHK .07 9:23pm
AIR BLK .00 9:24pm
SUB TEST .00 9:25pm
AIR BLK .00 9:26pm
SUB TEST .00 9:27pm
AIR BLK .00 9:28pm

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**

*COLUMBUS COUNTY BAT MOBILE UNIT 5 230*

Serial Number: 008647    Test Record Number: 2450
Test Date: 04/27/2019    Test Time: 9:29pm 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>9:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:30pm</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>9:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:30pm</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>9:31pm</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>9:31pm</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>9:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:31pm</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 CRAVEN Instrument Location HAUCLOCK AD

Instrument Serial No. 008800

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

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

I certify that on the 12 day of APRIL, 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]

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 HALEYOCK PD 240

Serial Number: 008800
Test Date: 04/12/2019

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: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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>11:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:28am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:29am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:30am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:33am</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

CRAVEN COUNTY HAVENLOCK PD 240

Serial Number: 008800  Test Record Number: 1197
Test Date: 04/12/2019  Test Time: 11:33am 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>11:34am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:34am</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>11:34am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:34am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:34am</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>11:34am</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>11:34am</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>11:35am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:35am</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 APRIL, 2001, 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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637
Test Date: 04/16/2019

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/22/2017-09/01/2019

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

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

Test g/210L Time
DIAG Pass 8:37pm
AIR BLK .00 8:38pm
ACCY CHK .07 8:39pm
AIR BLK .00 8:40pm
SUB TEST .00 8:40pm
AIR BLK .00 8:41pm
SUB TEST .00 8:42pm
AIR BLK .00 8:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008637    Test Record Number: 2984
Test Date: 04/16/2019    Test Time: 8:45pm 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>8:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:45pm</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>8:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:45pm</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>8:46pm</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>8:46pm</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>8:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:46pm</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: CRAVEN
Instrument Location: CRAVEN County
Instrument Serial No.: 08732

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

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

I certify that on the 17 day of APRIL 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 354

A signed original of 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 CRAVEN COUNTY SD 240

Serial Number: 008732
Test Date: 04/17/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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

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

Test  g/210L  Time
DIAG  Pass  1:54pm
AIR BLK .00  1:54pm
ACCY CHK .08  1:55pm
AIR BLK .00  1:57pm
SUB TEST .00  1:58pm
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

[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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732    Test Record Number: 2201
Test Date: 04/17/2019    Test Time: 2:01pm 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>2:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:01pm</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>2:02pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:02pm</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>2:02pm</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>2:02pm</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>2:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:02pm</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 17 day of APRIL, 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

A signed original of 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 NEW BERN PD 240

Serial Number: 008817
Test Date: 04/17/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:56pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:59pm</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>
</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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817    Test Record Number: 1465
Test Date: 04/17/2019    Test Time: 1:02pm 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>1:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:03pm</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>1:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:03pm</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>1:03pm</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>1:03pm</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>1:04pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:04pm</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: CRAVEN
Instrument Location: MCAS Cherry Point

Instrument Serial No. 018819

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 17 day of April, 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]
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 MCAS CHERRY POINT 240

Serial Number: 010819
Test Date: 04/17/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:47am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</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>11:49am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:53am</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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819    Test Record Number: 581
Test Date: 04/17/2019    Test Time: 11:54am 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>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>FCI</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 Currituck Instrument Location Currituck O.S.O. - Corolla
Instrument Serial No. 008949 1123 Ocean Trail, Corolla, 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 23rd day of April, 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

A signed original of 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 SO-COROLLA 260

Serial Number: 008949
Test Date: 04/23/2019

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

Analyst's Name: 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: 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>9:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:32am</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 BC/IR-II: Preventive Maintenance**

**CURRITUCK COUNTY SO-COROLLA 260**

Serial Number: 008949  Test Record Number: 491  
Test Date: 04/23/2019  Test Time: 9:39am 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>9:39am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:39am</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>9:39am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:39am</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>9:40am</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>9:40am</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>9:40am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:40am</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: Dave Instrument Location: Kill Devil Hills P.D.
Instrument Serial No: 008844 102 Town Hall Dr, Kill Devil Hills, 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 18th day of April, 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: [Signature]  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

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844
Test Date: 04/18/2019

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
06/01/2017-06/01/2019

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

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

Test        g/210L  Time

DIAG        Pass  11:25am
AIR BLK .00  11:25am
ACCY CHK .08  11:26am
AIR BLK .00  11:27am
SUB TEST .00  11:28am
AIR BLK .00  11:29am
SUB TEST .00  11:30am
AIR BLK .00  11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 KILL DEVIL HILLS PD 270**

Serial Number: 008844  Test Record Number: 2196
Test Date: 04/18/2019  Test Time: 11:32am 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>11:33am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:33am</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>11:33am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:33am</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>11:34am</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>11:34am</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>11:34am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:34am</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County DANE Instrument Location SARMOR UNIT C

Instrument Serial No. 00 9540 AIRSYS HEAD

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 MAR, 2001, 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 463

A signed original of 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 BAT MOBILE UNIT 6 270

Serial Number: 008580
Test Date: 04/25/2019

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/22/2017-09/01/2019

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008580    Test Record Number: 2479
Test Date: 04/25/2019    Test Time: 4:08pm 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>4:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:09pm</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>4:09pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:09pm</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>4:10pm</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>4:10pm</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>4:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:10pm</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 25th day of January, 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

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

DARE COUNTY BAT MOBILE UNIT 6 270
Serial Number: 008584   Test Record Number: 2255
Test Date: 04/25/2019   Test Time: 4:07pm 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>4:08pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:08pm</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>4:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:08pm</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>4:09pm</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>4:09pm</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>4:09pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:09pm</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
Intox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270
Serial Number: 008584
Test Date: 04/25/2019
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: 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>4:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:01pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:06pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 APR 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.
InTox EC/IR-II: Subject Test

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008686
Test Date: 04/25/2019

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective:
09/22/2017-09/01/2019

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

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

Test g/210L Time
DIAG Pass 3:59pm
AIR BLK .00 4:00pm
ACCY CHK .07 4:00pm
AIR BLK .00 4:01pm
SUB TEST .00 4:02pm
AIR BLK .00 4:03pm
SUB TEST .00 4:04pm
AIR BLK .00 4:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[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
Intox EC/IR-II: Preventive Maintenance

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008686 Test Record Number: 6615
Test Date: 04/25/2019 Test Time: 4:09pm 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>4:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:09pm</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>4:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:10pm</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>4:10pm</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>4:10pm</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>4:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:10pm</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  DATE  
Instrument Location  

Instrument Serial No. 009779  

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 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]  
663  

A signed original of 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 BAT MOBILE UNIT 6 270**

Serial Number: 008779  
Test Date: 04/26/2019

Citation Number: MC0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 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>6:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:22pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>6:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:23pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:27pm</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 BC/IR-II: Preventive Maintenance

DARE COUNTY BAI MOBILE UNIT 6 270

Serial Number: 008779   Test Record Number: 3550
Test Date: 04/26/2019   Test Time: 6:29pm 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>6:29pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:29pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:30pm</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>6:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:30pm</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>6:30pm</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>6:30pm</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>6:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:31pm</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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

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 BAT MOBILE UNIT 6 270

Serial Number: 008637
Test Date: 04/26/2019

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

Analyst's Name: 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: AG716201
Exp Date: 06/11/2019

Test | g/210L | Time
---|---|---
DIAG | Pass | 6:22pm
AIR BLK | .00 | 6:23pm
ACCY CHK | .07 | 6:24pm
AIR BLK | .00 | 6:25pm
SUB TEST | .00 | 6:25pm
AIR BLK | .00 | 6:26pm
SUB TEST | .00 | 6:27pm
AIR BLK | .00 | 6:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DARE COUNTY BAT MOBILE UNIT 6 270

Serial Number: 008637    Test Record Number: 2987
Test Date: 04/26/2019    Test Time: 6:31pm 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>6:32pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:32pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:32pm</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>6:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:32pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:32pm</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>6:32pm</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>6:32pm</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>6:33pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:33pm</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: \(\text{DALE}\)  
Instrument Location: \(\text{NANS HEAD}\)

Instrument Serial No. \(008776\)

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

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

I certify that on the **26** day of **APRIL**, 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.

\[\text{Signature of Certifying Official}\]

Certificate Number: \(663\)

A signed original of 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 BAT MOBILE UNIT 6 270**

Serial Number: 008776  
Test Date: 04/26/2019

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

Analyst's Name: 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: AG902201  
Exp Date: 01/22/2021

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:23pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>6:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:29pm</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

**DARE COUNTY BAT MOBILE UNIT 6 270**

**Serial Number:** 008776  
**Test Record Number:** 3495  
**Test Date:** 04/26/2019  
**Test Time:** 6:30pm 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>6:31pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:31pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:31pm</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>6:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:31pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>6:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:31pm</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>6:32pm</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>6:32pm</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>6:32pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:32pm</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: Davidson  Instrument Location: Davidson Co Jail
Instrument Serial No: 008845  Location: Lexington, N.C.

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

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

I certify that on the 15 day of April, 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]
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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845
Test Date: 04/15/2019

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
03/01/2019-03/01/2021

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

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

Test  g/210L  Time
DIAG  Pass  1:03pm
AIR BLK  .00  1:04pm
ACCY CHK  .08  1:04pm
AIR BLK  .00  1:05pm
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


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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845  Test Record Number: 3101
Test Date: 04/15/2019  Test Time: 1:11pm 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>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>FCL</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

[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 __________, 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

A signed original of 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 CO BAT MOBILE UNIT 4 310**

- **Serial Number:** 008929
- **Test Date:** 04/09/2019

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

**Analyst's Name:** 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>7:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:10pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>7:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:11pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:16pm</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

DURHAM CO BAT MOBILE UNIT 4 310

Serial Number: 008929    Test Record Number: 1045
Test Date: 04/09/2019   Test Time: 7:17pm 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>7:17pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:17pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:17pm</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>7:17pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:17pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:17pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:17pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:17pm</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>7:18pm</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>7:18pm</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>7:18pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:18pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Durham Instrument Location Batmobile Unit 4
Instrument Serial No. 008115 Durham RD

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

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

I certify that on the 9 day of April, 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]

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 BAT MOBILE UNIT 4 310

Serial Number: 008615
Test Date: 04/09/2019

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

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

Officer's Name: SKINNER, TONYA B
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test       g/210L       Time

DIAG       Pass            7:16pm
AIR BLK    .00             7:17pm
ACCY CHK   .07             7:17pm
AIR BLK    .00             7:18pm
SUB TEST   .00             7:19pm
AIR BLK    .00             7:20pm
SUB TEST   .00             7:21pm
AIR BLK    .00             7:22pm

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 BAT MOBILE UNIT 4 310

Serial Number: 008615    Test Record Number: 5586
Test Date: 04/09/2019    Test Time: 7:23pm 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>7:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:23pm</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>7:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:24pm</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>7:24pm</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>7:24pm</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>7:24pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:24pm</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. 008878 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 10 day of April, 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

A signed original of 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: 04/10/2019

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

Test g/210L Time

DIAG Pass 7:51pm
AIR BLK .00 7:52pm
ACCY CHK .07 7:52pm
AIR BLK .00 7:53pm
SUB TEST .00 7:54pm
AIR BLK .00 7:55pm
SUB TEST .00 7:56pm
AIR BLK .00 7:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878  Test Record Number: 4426
Test Date: 04/10/2019  Test Time: 7:58pm 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>7:58pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:58pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:58pm</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>7:58pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:58pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:58pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:58pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:58pm</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>7:59pm</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>7:59pm</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>7:59pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:59pm</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 Franklin Instrument Location Franklin PD

Instrument Serial No. 008815 #7 W. Mason St Franklin 54

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

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

I certify that on the 9 day of April, 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] 642
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 FRANKLINTON PD 340

Serial Number: 008815
Test Date: 04/09/2019

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

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

Test g/210L Time
DIAG Pass 1:10pm
AIR BLK .00 1:11pm
ACCY CHK .08 1:11pm
AIR BLK .00 1:12pm
SUB TEST .00 1:13pm
AIR BLK .00 1:14pm
SUB TEST .00 1:15pm
AIR BLK .00 1:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**FRANKLIN COUNTY FRANKLINTON PD 340**

Serial Number: 008815    Test Record Number: 1188  
Test Date: 04/09/2019    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>DET</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Gaston  Instrument Location Gaston County SO

Instrument Serial No. 008694  405 N. Marietta St. Gastonia

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

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

Certificate Number 656

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

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008694
Test Date: 04/03/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:31am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:32am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</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>10:36am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:37am</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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008694      Test Record Number: 1425
Test Date: 04/03/2019      Test Time: 10:38am 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>10:38am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:38am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:38am</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>10:38am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:38am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:38am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:38am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:38am</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>10:39am</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>10:39am</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>10:39am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:39am</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 Gaston Instrument Location Gaston County So
Instrument Serial No. 008684 425 N. Marietta St., Gastonia

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

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

I certify that on the 25 day of April, 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

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

GASTON COUNTY GASTON COUNTY SO 350

Serial Number: 008684
Test Date: 04/25/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test g/210L Time

DIAG Pass 9:59am
AIR BLK .00 10:00am
ACCY CHK .08 10:01am
AIR BLK .00 10:02am
SUB TEST .00 10:02am
AIR BLK .00 10:03am
SUB TEST .00 10:05am
AIR BLK .00 10:06am

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 COUNTY GASTON COUNTY SO 350

Serial Number: 008684    Test Record Number: 4273
Test Date: 04/25/2019    Test Time: 10:07am 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>10:07am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:07am</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>10:07am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:07am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:07am</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>10:08am</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>10:08am</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>10:08am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:08am</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 Gaston Instrument Location Belmont PD

Instrument Serial No. 008733 201 Chronicle Street, Belmont

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

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

Certificate Number 650

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

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

**GASTON COUNTY BELMONT PD 350**

Serial Number: 008733  
Test Date: 04/16/2019

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

Analyst's Name: 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: 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>10:57am</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>10:58am</td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td></td>
<td>10:59am</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:00am</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>11:00am</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:01am</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td></td>
<td>11:03am</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td></td>
<td>11:04am</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 COUNTY BELMONT PD 350

Serial Number: 008733    Test Record Number: 1150
Test Date: 04/16/2019   Test Time: 11:05am 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>11:05am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:05am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:05am</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>11:05am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:05am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:05am</td>
</tr>
<tr>
<td>EAR</td>
<td>Pass</td>
<td>11:05am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:05am</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>11:06am</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>11:06am</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>11:06am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:06am</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: Granville
Instrument Location: Creedmoor PD
Instrument Serial No.: 0080-41
III Masonic St Creedmoor NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 9 day of April, 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: [Signature]
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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641
Test Date: 04/09/2019

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective:
04/01/2019-04/01/2021

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

Lot Number: 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>11:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:45am</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>11:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:50am</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

Analyst

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641    Test Record Number: 1125
Test Date: 04/09/2019    Test Time: 11:51am 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>11:51am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:52am</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>11:52am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:52am</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>11:52am</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>11:52am</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>11:53am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:53am</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  Granville  Instrument Location  Oxford PD

Instrument Serial No. 008923  204 E. McTimman St  Oxford NC

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

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

I certify that on the 9 day of April 1, 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]
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

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923
Test Date: 04/09/2019

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

Analyst's Name: BARNES, STOKES
Permit Number: 11434E
Effective: 04/01/2019-04/01/2021

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

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

Test g/210L Time

DIAG Pass 2:25pm
AIR BLK .00 2:25pm
ACCY CHK .08 2:26pm
AIR BLK .00 2:27pm
SUB TEST .00 2:27pm
AIR BLK .00 2:28pm
SUB TEST .00 2:30pm
AIR BLK .00 2:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

**GRANVILLE COUNTY OXFORD PD 380**

Serial Number: 008923          Test Record Number: 2084
Test Date: 04/09/2019          Test Time: 2:31pm 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>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>FCI</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

---

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: Guilford  Instrument Location: Greensboro

Instrument Serial No.: 008790  J A i

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 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

A signed original of 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: 008790
Test Date: 04/10/2019

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

Analyst's Name: NONE, NONE
Permit Number: 11598E
Effective:
04/01/2019-04/01/2021

Officer's Name: DEAN, L K
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>2:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:36pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:38pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:39pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:41pm</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>2:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:43pm</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>2:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:43pm</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>2:43pm</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>2:43pm</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>2:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:44pm</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 April 1, 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

A signed original of 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: 008794
Test Date: 04/10/2019

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

Analyst's Name: NONE, NONE
Permit Number: 11598E
Effective:
04/01/2019-04/01/2021

Officer's Name: DEAN, L K
Type of Agency: PTA
Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 3:26pm
AIR BLK .00 3:26pm
ACCY CHK .07 3:27pm
AIR BLK .00 3:28pm
SUB TEST .00 3:29pm
AIR BLK .00 3:30pm
SUB TEST .00 3:31pm
AIR BLK .00 3:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794    Test Record Number: 6509
Test Date: 04/10/2019    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>FCI</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:33pm</td>
</tr>
<tr>
<td>DET</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

[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 12 day of April, 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.

A signed original of 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 UNC-G POLICE DEPT 400

Serial Number: 008604
Test Date: 04/12/2019

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1971
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.08</td>
<td>12:26pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:28pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:29pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:32pm</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**

**GUILFORD COUNTY UNC-G POLICE DEPT 400**

Serial Number: 008604    Test Record Number: 1765
Test Date: 04/12/2019    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>12:33pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:33pm</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>12:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:33pm</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>12:34pm</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>12:34pm</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>12:34pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:34pm</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 Guilford
Instrument Location Greensboro PD

Instrument Serial No. 008725
100 Police Plaza, Greensboro, NC

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

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

I certify that on the 12 day of April, 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.

A signed original of 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 PD 400**

Serial Number: 008725  
Test Date: 04/12/2019

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: DEAN, L K  
Permit Number: 11598E  
Effective: 03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:29am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:31am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:32am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:34am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:35am</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

GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725    Test Record Number: 4365
Test Date: 04/12/2019    Test Time: 11:35am 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

[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. 008638

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

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

I certify that on the 10 day of April, 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]

Signature of Certifying Official

Certificate Number 642

A signed original of 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: 008638
Test Date: 04/10/2019

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

Analyst's Name: NONE, NONE
Permit Number: 11598E
Effective:
04/01/2019-04/01/2021

Officer's Name: DEAN, L K
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test    g/210L    Time

DIAG    Pass    3:52pm
AIR BLK .00    3:53pm
ACCY CHK .08    3:53pm
AIR BLK .00    3:55pm
SUB TEST .00    3:55pm
AIR BLK .00    3:56pm
SUB TEST .00    3:58pm
AIR BLK .00    3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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>4:00pm</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>DBT</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>4:01pm</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>4:01pm</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>4:01pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:01pm</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
Preventive Maintenance Record

Guilford
High Point
008828
Police Department

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

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

I certify that on the 15 day of April 1, 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

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

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

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828
Test Date: 04/15/2019

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 03/01/2019-03/01/2021

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

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

Test  g/210L  Time

DIAG  Pass  4:52pm
AIR BLK  .00  4:53pm
ACCY CHK  .08  4:53pm
AIR BLK  .00  4:54pm
SUB TEST  .00  4:55pm
AIR BLK  .00  4:56pm
SUB TEST  .00  4:57pm
AIR BLK  .00  4:58pm

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>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>5:02pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:02pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:02pm</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>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*
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 15 day of April, 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

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

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655
Test Date: 04/15/2019

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:07pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:08pm</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

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 HIGH POINT JAIL 401**

**Serial Number:** 008655  **Test Record Number:** 3390  
**Test Date:** 04/15/2019  **Test Time:** 3:54pm 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>3:54pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:54pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:54pm</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>3:55pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:55pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:55pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:55pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:55pm</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>3:55pm</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>3:55pm</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>3:56pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:56pm</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 3rd day of April, 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

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

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008728
Test Date: 04/03/2019

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

Analyst's Name: 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

<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>3:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:00pm</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>4:03pm</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

Analyst

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

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008728    Test Record Number: 358
Test Date: 04/03/2019    Test Time: 4:04pm 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>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>FCI</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

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 Hyde Instrument Location Hyde Co. S.O.

Instrument Serial No. 008801 1233 Main St, Swan Quarter, 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 12th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in 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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801
Test Date: 04/12/2019

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 06/01/2017-06/01/2019

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  9:57am
AIR BLK .00  9:57am
ACCY CHK .07  9:58am
AIR BLK .00  9:59am
SUB TEST .00  9:59am
AIR BLK .00  10:00am
SUB TEST .00  10:02am
AIR BLK .00  10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801  Test Record Number: 502
Test Date: 04/12/2019  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>FCI</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

[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 12th day of April, 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

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

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

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008910
Test Date: 04/12/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test g/210L Time

DIAG Pass 9:02am
AIR BLK .00 9:03am
ACCY CHK .08 9:04am
AIR BLK .00 9:05am
SUB TEST .00 9:06am
AIR BLK .00 9:07am
SUB TEST .00 9:08am
AIR BLK .00 9:09am

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

IREDELL COUNTY IREDELL COUNTY SO 480

Serial Number: 008910      Test Record Number: 867
Test Date: 04/12/2019     Test Time: 9:10am 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>9:10am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:10am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:10am</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>9:10am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:10am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>9:10am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:10am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:10am</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>9:11am</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>9:11am</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>9:11am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:11am</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 Lenoir Instrument Location Lenoir Co. S.O.
Instrument Serial No. 008847 130 Queen St., Kinston, N.C.

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

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

I certify that on the 16th day of April, 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

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

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008847
Test Date: 04/16/2019

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

Analyst's Name: 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: AG902201
Exp Date: 01/22/2021

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>12:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>12:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:55pm</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>12:56pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:56pm</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>12:57pm</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>12:57pm</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>12:57pm</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>12:57pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:57pm</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 April, 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

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

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624
Test Date: 04/16/2019

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

Analyst's Name: 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: 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>11:57am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:58am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:59am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:01pm</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>
</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**

**LENOIR COUNTY KINSTON PD 530**

Serial Number: 008624  Test Record Number: 1755  
Test Date: 04/16/2019  Test Time: 12:05pm 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>12:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:05pm</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>12:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>12:06pm</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>12:06pm</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>12:06pm</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>12:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:06pm</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 Madison Instrument Location Madison Co. Jail

Instrument Serial No. 008592 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 17 day of April, 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

A signed original of 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: 008599
Test Date: 04/17/2019

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

Analyst's Name: 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: AG821401
Exp Date: 08/01/2020

Test g/210L Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
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: 1014
Test Date: 04/17/2019    Test Time: 3:13pm 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>3:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:13pm</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>3:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:14pm</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>3:14pm</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>3:14pm</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>3:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:14pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: MARTIN  Instrument Location: NAT MADE UNS C

Instrument Serial No: 00 M726

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

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

I certify that on the 6 day of APRIL, 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

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

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

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008776
Test Date: 04/06/2019

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: 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>5:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>5:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:36pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>5:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:37pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>5:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>5:39pm</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**

**MARTIN COUNTY BAT MOBILE UNIT 6 570**

Serial Number: 008776  Test Record Number: 3492  Test Date: 04/06/2019  Test Time: 5:45pm 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>5:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:45pm</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>5:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:45pm</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>5:46pm</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>5:46pm</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>5:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:46pm</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 MARTIN
Instrument Location LAF MOBILE UNIT 6
Instrument Serial No. 0092XC

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

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

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008686
Test Date: 04/06/2019

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

Analyst's Name: VARNELL, BRYON L
Permit Number: 16896E
Effective: 09/22/2017-09/01/2019

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

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

Test g/210L Time
DIAG Pass 5:33pm
AIR BLK .00 5:34pm
ACCY CHK .07 5:34pm
AIR BLK .00 5:35pm
SUB TEST .00 5:36pm
AIR BLK .00 5:36pm
SUB TEST .00 5:38pm
AIR BLK .00 5:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MARTIN COUNTY BAT MOBILE UNIT 6 570

Serial Number: 008686   Test Record Number: 6609
Test Date: 04/06/2019   Test Time: 5:42pm 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>5:42pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>5:42pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>5:42pm</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>5:42pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>5:42pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>5:42pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>5:42pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>5:42pm</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>5:43pm</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>5:43pm</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>5:43pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>5:43pm</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 April, 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]
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.
Intox EC/IR-II: Subject Test

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968
Test Date: 04/17/2019

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

Analyst's Name: 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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>8:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:24pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>8:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:29pm</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 BC/IR-II: Preventive Maintenance

MECKLENBURG BAT MOBILE UNIT 3 590

Serial Number: 008968    Test Record Number: 272
Test Date: 04/17/2019    Test Time: 8:31pm 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>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>FCI</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:31pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:31pm</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>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>PRNT</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 Mecklenburg Instrument Location Mecklenburg County Sheriff Office

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

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of April, 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 656

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 COUNTY SHERIFFS OFFICE 590

Serial Number: 008690
Test Date: 04/22/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test g/210L Time

DIAG Pass 10:25am
AIR BLK .00 10:26am
ACCCY CHK .08 10:26am
AIR BLK .00 10:27am
SUB TEST .00 10:28am
AIR BLK .00 10:29am
SUB TEST .00 10:30am
AIR BLK .00 10:31am

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008690    Test Record Number: 6215
Test Date: 04/22/2019    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>10:34am</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>10:34am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:34am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:34am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:34am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:34am</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>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>10:35am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:35am</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: McKinney
Instrument Location: McKinney County Sheriff's Office
Instrument Serial No.: 008665
801 E. 4th St., Charlotte

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

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

I certify that on the 22 day of April, 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]
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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665
Test Date: 04/22/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test g/210L Time

DIAG Pass 10:41am
AIR BLK .00 10:42am
ACCY CHK .08 10:43am
AIR BLK .00 10:44am
SUB TEST .00 10:44am
AIR BLK .00 10:45am
SUB TEST .00 10:47am
AIR BLK .00 10:48am

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

MECKLENBURG COUNTY SHERIFFS OFFICE 590

Serial Number: 008665    Test Record Number: 4699
Test Date: 04/22/2019   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>10:49am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:49am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:49am</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>10:49am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:49am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:49am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:49am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:49am</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>10:50am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:50am</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 CMPD - LEC
Instrument Serial No. 008594  601 E. Trade St., Charlotte

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

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

I certify that on the 22 day of April, 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

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

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594
Test Date: 04/22/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test g/210L Time
---
DIAG Pass 11:14am
AIR BLK .00 11:15am
ACCY CHK .07 11:16am
AIR BLK .00 11:17am
SUB TEST .00 11:18am
AIR BLK .00 11:19am
SUB TEST .00 11:21am
AIR BLK .00 11:22am
---
Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

MECKLENBURG COUNTY CMPD LEC 590

Serial Number: 008594    Test Record Number: 4338
Test Date: 04/22/2019    Test Time: 11:23am 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>11:23am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:23am</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>11:23am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:23am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:23am</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>11:24am</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>11:24am</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>11:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:24am</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: Mitchell                    Instrument Location: Spruce Pine PD

Instrument Serial No.: 008726                    Spruce Pine, NC

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

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

I certify that on the 18 day of Apr., 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

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

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726
Test Date: 04/18/2019

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: 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>10:51am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:52am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:54am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</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>
</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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726  Test Record Number: 973
Test Date: 04/18/2019  Test Time: 11:00am 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>11:00am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:00am</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>11:00am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:00am</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>11:01am</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>11:01am</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>11:01am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:01am</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  Onslow  Instrument Location  Onslow County
Instrument Serial No.  008931  Sheriff's Office

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

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

I certify that on the 11th day of April, 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]
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

**ONSLOW COUNTY ONSLOW COUNTY SD 660**

- **Serial Number:** 008931
- **Test Date:** 04/11/2019

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

- **Analyst's Name:** HALL, RANDY E
- ** Permit Number:** 3462E
  - **Effective:** 05/01/2017-05/01/2019

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

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

### Test Results

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:22pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:28pm</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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931    Test Record Number: 3041
Test Date: 04/11/2019    Test Time: 12:30pm 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>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>FCL</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>12:30pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:30pm</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: Onslow
Instrument Location: Onslow County

Instrument Serial No.: 008932
Sheriff's Office

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once 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 11 day of April, 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

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

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932
Test Date: 04/11/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective: 05/01/2017-05/01/2019

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

Lot Number: AG814902
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>12:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:21pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:28pm</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

---

Randall E. Hall
Analyst
Intox EC/IR-II: Preventive Maintenance

ONSLow COUNTY ONSLow COUNTY SD 660

Serial Number: 008932    Test Record Number: 4937
Test Date: 04/11/2019    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>12:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:30pm</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>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>12:31pm</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>12:31pm</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>12:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:31pm</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Onslow
Instrument Location: New River PMO
Instrument Serial No.: 008719

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

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

I certify that on the 15 day of April, 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: [Signature]
Certificate Number: 354

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

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

ONSLOW COUNTY MCAS NEW RIVER 560

Serial Number: 008919
Test Date: 04/15/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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

Lot Number: AG814902
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>2:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:07pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:08pm</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

---

Analyst
Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919    Test Record Number: 635
Test Date: 04/15/2019    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>FC1</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

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 15th day of April, 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

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

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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930
Test Date: 04/15/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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

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

Test g/210L Time
DIAG Pass 1:17pm
AIR BLK .00 1:18pm
ACCY CHK .08 1:19pm
AIR BLK .00 1:20pm
SUB TEST .00 1:20pm
AIR BLK .00 1:21pm
SUB TEST .00 1:23pm
AIR BLK .00 1:24pm

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**

**ONSLOW COUNTY JACKSONVILLE PD 660**

Serial Number: 008910  Test Record Number: 2057  
Test Date: 01/15/2013  Test Time: 1:24pm 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>1:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:25pm</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>1:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:25pm</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>1:25pm</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>1:25pm</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>1:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:26pm</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: Onslow
Instrument Location: Camp Lejeune POC
Instrument Serial No.: 008920

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the **15** day of **April**, **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

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

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920
Test Date: 04/15/2019

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:37pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:38pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:42pm</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**

**ONSLOW COUNTY CAMP LEJEUNE PMO 660**

Serial Number: 008920    Test Record Number: 1638
Test Date: 04/15/2019    Test Time: 12:43pm 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>12:43pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:43pm</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>12:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:43pm</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>12:44pm</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>12:44pm</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>12:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

 anális

---

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: Onslow
Instrument Location: PAT Mobile Unit #5

Instrument Serial No.: 6525

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 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 664

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

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

ONSLow County BaT MOBILE Unit 5 660

Serial Number: 008575
Test Date: 04/20/2019

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

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

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

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

Test g/210L Time

DIAG Pass 11:15pm
AIR BLK .00 11:16pm
ACCY CHK .08 11:16pm
AIR BLK .00 11:17pm
SUB TEST .00 11:18pm
AIR BLK .00 11:19pm
SUB TEST .00 11:20pm
AIR BLK .00 11:21pm

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

**ONSLOW COUNTY BAT MOBILE UNIT 5 660**

Serial Number: 008575  
Test Record Number: 1149  
Test Date: 04/20/2019  
Test Time: 11:25pm 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>11:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:25pm</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>11:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:25pm</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>11:26pm</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>11:26pm</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>11:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:26pm</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 _____ 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.

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707    Test Record Number: 2576
Test Date: 04/20/2019    Test Time: 11:20pm 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>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>FCl</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:21pm</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>11:21pm</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>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>11:22pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:22pm</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
Intox EC/IR-II: Subject Test

ONSLOW COUNTY BAT MOBILE UNIT 5 660

Serial Number: 008707
Test Date: 04/20/2019

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

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

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

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

Test g/210L Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

_________________________

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Pasquotank Instrument Location Pasquotank Co. Public

Instrument Serial No. 008950 Safety 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 2nd day of April, 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]
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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG
690

Serial Number: 008950
Test Date: 04/02/2019

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

Analyst's Name: Keesler, Linda
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      11:11am
AIR BLK    .00      11:12am
SUB TEST   .00      11:12am
AIR BLK    .00      11:13am
SUB TEST   .00      11:15am
AIR BLK    .00      11:16am

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

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950    Test Record Number: 1692
Test Date: 04/02/2019    Test Time: 11:21am 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>11:21am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:21am</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>11:21am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:21am</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>11:22am</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>11:22am</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>11:22am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:22am</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: Pasquotank Instrument Location: Elizabeth City, N.C.

Instrument Serial No.: 008941 305 E. Main 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 11th day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in 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

PASQUOTANK COUNTY ELIZABETH CITY 690

Serial Number: 008941
Test Date: 04/11/2019

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

Analyst's Name: KEESLER, LINDA
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>11:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:32am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:34am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:36am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:37am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:38am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:39am</td>
</tr>
</tbody>
</table>

Reported ACI: .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 690

Serial Number: 008941 Test Record Number: 1357
Test Date: 04/11/2019 Test Time: 11:39am 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>11:40am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:40am</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>11:40am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:40am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:40am</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>11:41am</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>11:41am</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>11:41am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:41am</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: Pender  Instrument Location: Pender County
Instrument Serial No.: 008925 - Sheriff Department

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

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

I certify that on the 18th day of April, 2019, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

K. C. Soward
Signature of Certifying Official

Certificate Number: 601

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

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

PENDER PENDER CO SD 700

Serial Number: 008935
Test Date: 04/18/2019

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

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

Lot Number: AG814902
Exp Date: 05/30/2020

Test        g/210L  Time

DIAG        Pass  1:40pm
AIR BLK .00  1:41pm
ACCY CHK .07  1:41pm
AIR BLK .00  1:42pm
SUB TEST .00  1:43pm
AIR BLK .00  1:44pm
SUB TEST .00  1:46pm
AIR BLK .00  1:47pm

Reported AC: .00 g/210L

K.C. RHODES
Signature of Chemical Analyst

Court CVR

K.C. RHODES
Analyst

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

PENDER PENDER CO SD 700

Serial Number: 008935 Test Record Number: 2483
Test Date: 04/18/2019 Test Time: 1:54pm 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>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>FCL</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

[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 Pender Instrument Location Pender County

Instrument Serial No. 008946 Sheriff Department

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18 day of April, 2019 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in 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

PENDER PENDER COUNTY SD 700

Serial Number: 008946
Test Date: 04/18/2019

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: RHODES, KENNETH C
Permit Number: 5329E
Effective:
05/01/2017-05/01/2019

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:36pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:38pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:39pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:42pm</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
Inox EC/IR-II: Preventive Maintenance

PENDER COUNTY SD 700

Serial Number: 008946    Test Record Number: 923
Test Date: 04/18/2019    Test Time: 1:42pm 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>1:43pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:43pm</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>1:43pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:43pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:43pm</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>1:44pm</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>1:44pm</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>1:44pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:44pm</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 11th day of April, 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

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

PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921
Test Date: 04/11/2019

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

Analyst's Name: KEESLER, LINDA
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: 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>10:15am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:16am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:17am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:19am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:21am</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
## 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>DBT</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>10:24am</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

---

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 11th day of April, 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

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668
Test Date: 04/11/2019

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

Analyst's Name: 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: AG902106
Exp Date: 01/21/2021

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:06am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:07am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:09am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:10am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:12am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:13am</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: 3198
Test Date: 04/11/2019    Test Time: 9:17am 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>9:17am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:17am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:17am</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>9:17am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:17am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:17am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:17am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:17am</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>9:18am</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>9:18am</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>9:18am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:18am</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 Polk Instrument Location Polk County LEC

Instrument Serial No. 008832 880 E. 108, Columbus

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 April, 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 656

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

POLK COUNTY POLK COUNTY LEC 740

Serial Number: 008832
Test Date: 04/02/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>g/210L</td>
<td>Time</td>
</tr>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:39am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:40am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:42am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:44am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:45am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:46am</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**

**POLK COUNTY POLK COUNTY LEC: 740**

Serial Number: 008832  Test Record Number: 1538  
Test Date: 04/02/2019  Test Time: 10:47am 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>10:48am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:48am</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>10:48am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:48am</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>10:49am</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>10:49am</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>10:49am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:49am</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: Randolph Co.  Instrument Location: Randolph Co. Detention Center
Instrument Serial No: 008899  Asheboro, 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 1st day of April, 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

A signed original of 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 DETENTION CENTER 750

Serial Number: 008899
Test Date: 04/01/2019

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

Analyst's Name: 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: AG821401
Exp Date: 08/02/2020

Test g/210L Time

DIAG Pass 11:42am
AIR BLK .00 11:43am
ACCY CHK .08 11:44am
AIR BLK .00 11:45am
SUB TEST .00 11:45am
AIR BLK .00 11:46am
SUB TEST .00 11:48am
AIR BLK .00 11:49am

Reported Ab: .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 Detention Center 750

Serial Number: 008899    Test Record Number: 3100
Test Date: 04/01/2019    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>FCI</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

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 July, 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 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

RANDOLPH COUNTY DETENTION CENTER 750

Serial Number: 008860
Test Date: 04/01/2019

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

Analyst's Name: 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: AGS21401
Exp Date: 08/02/2020

Test g/210L Time
DIAG Pass 11:40am
AIR BLK .00 11:41am
ACCY CHK .07 11:42am
AIR BLK .00 11:43am
SUB TEST .00 11:44am
AIR BLK .00 11:45am
SUB TEST .00 11:46am
AIR BLK .00 11:47am

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 DETENTION CENTER 750

Serial Number: 008860  Test Record Number: 2686
Test Date: 04/01/2019  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>11:49am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:49am</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>11:49am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:49am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:49am</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>11:50am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:50am</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 Randolph Instrument Location Apex
Instrument Serial No. 008791 Police Department

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15th day of April 19, 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: [Signature]
Certificate Number: 642

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

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791
Test Date: 04/15/2019

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 03/01/2019-03/01/2021

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:07pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:10pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:12pm</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

**Serial Number:** 008791  
**Test Record Number:** 1311  
**Test Date:** 04/15/2019  
**Test Time:** 3:13pm 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>3:14pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:14pm</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>3:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:14pm</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>3:14pm</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>3:14pm</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>3:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:15pm</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 .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 26 day of April, 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
Intox EC/IR-II: Subject Test

ROBESON COUNTY BAT MOBILE UNIT 5 090

Serial Number: 008616
Test Date: 04/26/2019

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

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

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

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

Test  g/210L  Time

 DIAG Pass  7:32pm
 AIR BLK .00  7:33pm
 ACCY CHK .08  7:33pm
 AIR BLK .00  7:34pm
 SUB TEST .00  7:35pm
 AIR BLK .00  7:36pm
 SUB TEST .00  7:37pm
 AIR BLK .00  7:38pm

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 BAT MOBILE UNIT 5 090

Serial Number: 008616    Test Record Number: 2463
Test Date: 04/26/2019    Test Time: 7:40pm 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>7:40pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:40pm</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>7:40pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:40pm</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>7:41pm</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>7:41pm</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>7:41pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:41pm</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 26th day of April, 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

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 BAT MOBILE UNIT 5 770

Serial Number: 008647  
Test Date: 04/26/2019

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

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

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>7:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:56pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>7:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:59pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>8:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:02pm</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 BAT MOBILE UNIT 5 770

Serial Number: 008647    Test Record Number: 2445
Test Date: 04/26/2019    Test Time: 8:03pm 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>8:04pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:04pm</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>8:04pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:04pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:04pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:04pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:04pm</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>8:04pm</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>8:05pm</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>8:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:05pm</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 Rutherford
Instrument Location RFF Mobile Unit #5
Instrument Serial No. 8704

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

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

I certify that on the 26 day of April, 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 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**

ROSESON COUNTY BAT MOBILE UNIT 5 770

Serial Number: 008704  
Test Date: 04/26/2019

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

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

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>7:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:54pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>7:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:55pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>7:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>7:59pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:00pm</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

**Roseson County Bat Mobile Unit 5 770**

Serial Number: 008704  Test Record Number: 546  
Test Date: 04/26/2019  Test Time: 8:02pm 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>8:02pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:02pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:02pm</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>8:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:03pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:03pm</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>8:03pm</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>8:03pm</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>8:03pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:03pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Rowan Instrument Location Salisbury
Instrument Serial No. 008835 Police Department

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15th day of April, 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 64A

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835
Test Date: 04/15/2019

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

Analyst's Name: DEAN, L K
Permit Number: 115988
Effective:
03/01/2019-03/01/2021

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

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

Test          g/210L  Time
DIAG          Pass   11:45am
AIR BLK       .00    11:46am
ACCY CHK      .08    11:47am
AIR BLK       .00    11:48am
SUB TEST      .00    11:48am
AIR BLK       .00    11:49am
SUB TEST      .00    11:51am
AIR BLK       .00    11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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
Serial Number: 008835  Test Record Number: 2320
Test Date: 04/15/2019  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>11:53am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:53am</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>11:53am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:53am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:53am</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>11:54am</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>11:54am</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>11:54am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:54am</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 15th day of April, 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]
Signature of Certifying Official

[Certificate Number]
642

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

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

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868
Test Date: 04/15/2019

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
03/01/2019-03/01/2021

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

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

Test g/210L Time
DIAG Pass 11:25am
AIR BLK .00 11:26am
ACCY CHK .07 11:26am
AIR BLK .00 11:27am
SUB TEST .00 11:28am
AIR BLK .00 11:29am
SUB TEST .00 11:31am
AIR BLK .00 11:32am

Reported AC: .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

ROWAN COUNTY SALISBURY FD 790

Serial Number: 008868    Test Record Number: 2990
Test Date: 04/15/2019    Test Time: 11:33am 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>11:33am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:33am</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>11:33am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:33am</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>11:34am</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>11:34am</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>11:34am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:34am</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
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Stanly Instrument Location Stanly County SO

Instrument Serial No. 008842 1265 3rd St. Albemarle

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

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

I certify that on the 1 day of April, 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

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

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

STANLY COUNTY STANLY COUNTY SO 830

Serial Number: 008842
Test Date: 04/01/2019

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

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2018-01/01/2020

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

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

Test  g/210L  Time

DIAG  Pass  12:43pm
AIR BLK .00  12:44pm
ACCY CHK .08  12:45pm
AIR BLK .00  12:46pm
SUB TEST .00  12:47pm
AIR BLK .00  12:48pm
SUB TEST .00  12:49pm
AIR BLK .00  12:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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**

**STANLY COUNTY STANLY COUNTY SO 830**

Serial Number: 008842    Test Record Number: 2228
Test Date: 04/01/2019    Test Time: 12:52pm 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>12:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:52pm</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>12:53pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:53pm</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>12:53pm</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>12:53pm</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>12:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:53pm</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 18th day of April, 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]  
Signature of Certifying Official  
635  
Certificate Number

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

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782
Test Date: 04/18/2019

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

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

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

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

Test | g/210L | Time
---|---|---
DIAG | Pass | 10:17am
AIR BLK | .00 | 10:18am
ACCY CHK | .08 | 10:19am
AIR BLK | .00 | 10:20am
SUB TEST | .00 | 10:20am
AIR BLK | .00 | 10:22am
SUB TEST | .00 | 10:23am
AIR BLK | .00 | 10:24am

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

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782   Test Record Number: 1106
Test Date: 04/18/2019   Test Time: 10:25am 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>10:25am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:26am</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>10:26am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:26am</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>10:26am</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>10:26am</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>10:26am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26am</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 Tyrrell Instrument Location Tyrrell Co. S.O.

Instrument Serial No. 108902 412 Main St, Columbia, N.C.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22nd day of April, 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

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

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902
Test Date: 04/22/2019

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

Analyst's Name: KEESLER, LINDA
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: AG734102
Exp Date: 12/07/2019

Test g/210L Time

DIAG Pass 7:34pm
AIR BLK .00 7:34pm
ACCY CHK .07 7:35pm
AIR BLK .00 7:36pm
SUB TEST .00 7:35pm
AIR BLK .00 7:37pm
SUB TEST .00 7:39pm
AIR BLK .00 7:39pm

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

TYRRELL COUNTY SHERIFF'S OFFICE 880

Serial Number: 008902   Test Record Number: 822
Test Date: 04/22/2019   Test Time: 7:40pm 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>7:40pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:40pm</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>7:40pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:40pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:40pm</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>7:41pm</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>7:41pm</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>7:41pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:41pm</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 8th day of April, 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

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: 04/08/2019

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

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

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 10:18am
AIR BLK .00 10:19am
ACCY CHK .07 10:19am
AIR BLK .00 10:20am
SUB TEST .00 10:21am
AIR BLK .00 10:22am
SUB TEST .00 10:23am
AIR BLK .00 10:24am

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

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671  Test Record Number: 4788  Test Date: 04/08/2019  Test Time: 10:25am 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>10:25am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:25am</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>10:25am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:25am</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>10:26am</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>10:26am</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>10:26am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26am</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 8th day of April, 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

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: 04/08/2019

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

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

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:19am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:21am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:22am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:24am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:25am</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: 008649    Test Record Number: 3773
Test Date: 04/08/2019    Test Time: 10:25am 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>10:25am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:26am</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>10:26am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:26am</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>10:26am</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>10:26am</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>10:26am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26am</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. 008718 207 E. Chestnut St. Goldsboro, N.C.

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

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

I certify that on the 8th day of April, 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]
Signature of Certifying Official

[Certificate Number] 047

A signed original of 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: 008918
Test Date: 04/08/2019

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

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

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

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

Test g/210L Time
DIAG Pass 10:20am
AIR BLK .00 10:20am
ACCY CHK .08 10:21am
AIR BLK .00 10:22am
SUB TEST .00 10:22am
AIR BLK .00 10:23am
SUB TEST .00 10:25am
AIR BLK .00 10:26am

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: 008918 Test Record Number: 684
Test Date: 04/08/2019 Test Time: 10:26am 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>10:27am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:27am</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>10:27am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:27am</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>10:28am</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>10:28am</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>10:28am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:28am</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: Watauga
Instrument Location: Watauga Co Jail

Instrument Serial No.: 008715

Boone, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16 day of April, 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

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

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715
Test Date: 04/16/2019

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

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

Officer's Name: ,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time

DIAG Pass 11:34am
AIR BLK .00 11:35am
ACCY CHK .07 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
### Intox EC/IR-II: Preventive Maintenance

**WATAUGA COUNTY WATAUGA JAIL 940**

Serial Number: 008715  Test Record Number: 2230
Test Date: 04/16/2019  Test Time: 11:42am 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>11:42am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:42am</td>
</tr>
</tbody>
</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFC1</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>11:43am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:43am</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: Wilson
Instrument Location: Wilson Co. Peterbun Cir.

Instrument Serial No. 008452
100 E. Broad St., Wilson, N.C.

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

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

I certify that on the 10th day of April, 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]
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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008652
Test Date: 04/10/2019

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

Analyst's Name: KEESLER, LINDA
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: AG814901
Exp Date: 05/29/2020

Test  g/210L  Time
DIAG   Pass  11:08am
AIR BLK .00  11:08am
ACCY CHK .07  11:09am
AIR BLK .00  11:10am
SUB TEST .00  11:11am
AIR BLK .00  11:12am
SUB TEST .00  11:14am
AIR BLK .00  11:15am

Reported AC: .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

**WILSON COUNTY DETENTION CENTER 970**

Serial Number: 008652    Test Record Number: 3264  
Test Date: 04/10/2019    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>FCI</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>EAR</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 Wilson Instrument Location Wilson Co. Detention Ctr.

Instrument Serial No. 008627 100 E. Greene St., Wilson, N.C.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10th day of April, 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]
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

WILSON COUNTY DETENTION CENTER 970

Serial Number: 008627
Test Date: 04/10/2019

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

Analyst's Name: KEESLER, LINDA
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  11:09am
AIR BLK .00   11:09am
ACCY CHK .07  11:10am
AIR BLK .00   11:11am
SUB TEST .00  11:12am
AIR BLK .00   11:12am
SUB TEST .00  11:14am
AIR BLK .00   11:15am

Reported AC: .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

**Wilson County Detention Center 970**

Serial Number: 008627  Test Record Number: 2330  
Test Date: 04/10/2019  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>FCI</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>DFT</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:17am</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>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 [Yancey] Instrument Location [Yancey Co Jail]

Instrument Serial No. [003653] [Renaissance NC]

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

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

I certify that on the [29] day of [April], 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

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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653
Test Date: 04/29/2019

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

Analyst's Name: 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: AG902201
Exp Date: 01/22/2021

Test g/210L Time
DIAG Pass 2:03pm
AIR BLK .00 2:04pm
ACCY CHK .08 2:05pm
AIR BLK .00 2:06pm
SUB TEST .00 2:07pm
AIR BLK .00 2:07pm
SUB TEST .00 2:09pm
AIR BLK .00 2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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
YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653        Test Record Number: 1394
Test Date: 04/29/2019        Test Time: 2:12pm 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>2:12pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:12pm</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>2:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:12pm</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>2:13pm</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>2:13pm</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>2:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:13pm</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