DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: **Wake**  Instrument Location: **B&T Mobile Unit**

Instrument Serial No.: **008788**  CAMY

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

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

I certify that on the **30** day of **August**, **2013** the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: **[Signature]**

Certificate Number: **[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**

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008788    Test Record Number: 855  
Test Date: 08/30/2013    Test Time: 11:12pm 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>11:12pm</td>
</tr>
<tr>
<td>FLO</td>
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<td>11:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:13pm</td>
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</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
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</tr>
</thead>
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<tr>
<td>FCI</td>
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<td>BAR</td>
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<td>11:13pm</td>
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<tr>
<td>BT</td>
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**Blank Tests**

<table>
<thead>
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<th>Test</th>
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<tr>
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**Printer Tests**

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<tbody>
<tr>
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**CRC Tests**

<table>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:13pm</td>
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</table>

Preventive Maintenance Status: Pass

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 08/30/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG309101
Exp Date: 04/01/2015

Test     g/210L    Time
DIAG     Pass     11:02pm
AIR BLK  .00      11:03pm
ACCY CHK .07      11:03pm
AIR BLK  .00      11:04pm
SUB TEST .00      11:06pm
AIR BLK  .00      11:07pm
SUB TEST .00      11:08pm
AIR BLK  .00      11:09pm

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 ___30___ day of __AUGUST___, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008698  Test Record Number: 996  
Test Date: 08/30/2013  Test Time: 11:13pm EDT

System Check: Passed

#### Baseline Tests

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<tr>
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<tr>
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<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:14pm</td>
</tr>
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</table>

#### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
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#### Blank Tests

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#### Printer Tests

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<tbody>
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#### CRC Tests

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<thead>
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<tbody>
<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:15pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 08/30/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

<table>
<thead>
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<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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 30th day of August, 2018, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600     Test Record Number: 1274
Test Date: 08/30/2013    Test Time: 11:07pm EDT

System Check: Passed

Baseline Tests

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<th>Time</th>
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</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:08pm</td>
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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>11:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:08pm</td>
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<tr>
<td>BAR</td>
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<td>11:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:08pm</td>
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Blank Tests

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>11:09pm</td>
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</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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 08/30/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203102
Exp Date: 01/31/2014

Test g/210L Time
DIAG Pass 10:52pm
AIR BLK .00 10:53pm
ACCY CHK .07 10:54pm
AIR BLK .00 10:55pm
SUB TEST .00 10:56pm
AIR BLK .00 10:57pm
SUB TEST .00 10:59pm
AIR BLK .00 11:00pm

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 Buncombe Co. Jail

Instrument Serial No. 008631 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 14 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008631
Test Date: 09/14/2013

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG320602
Exp Date: 07/25/2015

Test     g/210L  Time
DIAG     Pass   5:00pm
AIR BLK  .00   5:01pm
ACCY CHK .00   5:01pm
AIR BLK  .00   5:02pm
SUB TEST .00   5:03pm
AIR BLK  .00   5:04pm
SUB TEST .00   5:05pm
AIR BLK  .00   5:06pm

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: 008631    Test Record Number: 3385  
Test Date: 08/14/2013   Test Time: 5:07pm EDT

System Check: Passed  

Baseline Tests

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<tr>
<td>FC</td>
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<td>5:07pm</td>
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Temperature Tests

<table>
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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>5:07pm</td>
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<tr>
<td>SRC</td>
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<td>5:07pm</td>
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<td>DET</td>
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<td>BAR</td>
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<td>BT</td>
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Blank Tests

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<tr>
<th>Test</th>
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<th>Time</th>
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</thead>
<tbody>
<tr>
<td>AIR</td>
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Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>5:08pm</td>
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</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;
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4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the [14] day of [August], 2013 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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL
100

Serial Number: 008798
Test Date: 08/14/2013

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG320602
Exp Date: 07/25/2015

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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

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798    Test Record Number: 2781
Test Date: 08/14/2013    Test Time: 5:08pm EDT

System Check: Passed

Baseline Tests

<table>
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<tr>
<th>Test</th>
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<tbody>
<tr>
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</tr>
<tr>
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<td>5:08pm</td>
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<tr>
<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14 day of August, 2014 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

A signed original of 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: 08/14/2013

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG309101
Exp Date: 04/01/2015

Test     g/210L  Time
DIAG     Pass   4:59pm
AIR BLK  .00    5:00pm
ACCY CHK .07    5:00pm
AIR BLK  .00    5:01pm
SUB TEST .00    5:02pm
AIR BLK  .00    5:03pm
SUB TEST .00    5:05pm
AIR BLK  .00    5:05pm

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: 008697    Test Record Number: 2092
Test Date: 08/14/2013    Test Time: 5:06pm EDT

System Check: Passed

**Baseline Tests**

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<tr>
<td>FC</td>
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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
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</table>

Preventive Maintenance
Status: Pass

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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. 008599 Marshall, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 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

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599
Test Date: 08/27/2013

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

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective: 06/01/2013-06/01/2015

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

Lot Number: AG300202
Exp Date: 01/02/2015

<table>
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<tr>
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<td>4:41pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

MADISON COUNTY MADISON COUNTY JAIL 560

Serial Number: 008599  Test Record Number: 479
Test Date: 08/27/2013  Test Time: 4:49pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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: Duplin
Instrument Location: Duplin County
Instrument Serial No.: 008917

Sheriff Dept.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ___ day of August, 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]  [Certificate Number]

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

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

**Serial Number:** 008917  
**Test Date:** 08/19/2013

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

**Analyst's Name:** RHODES, KENNETH C  
**Permit Number:** 5329E  
**Effective:**  
**10/01/2011-10/01/2013**

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

**Lot Number:** AG303502  
**Exp Date:** 02/04/2015

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<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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**Reported AC:** .00 g/210L

[Signature of Chemical Analyst]

**Court CVR**

---

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

DUPLIN COUNTY DUPLIN COUNTY SD 300

Serial Number: 008917 Test Record Number: 379
Test Date: 08/19/2013 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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 New Hanover  Instrument Location Wilmington P.D.

Instrument Serial No. 008628

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

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

I certify that on the 30 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628
Test Date: 08/30/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG317801
Exp Date: 06/27/2015

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:09pm</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628    Test Record Number: 2842
Test Date: 08/30/2013    Test Time: 12:15pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
<th>Time</th>
</tr>
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<td>BAR</td>
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Blank Tests

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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:16pm</td>
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</table>

Printer Tests

<table>
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<tr>
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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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</tr>
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</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 30 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602
Test Date: 08/30/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG309101
Exp Date: 04/01/2015

<table>
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<tr>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:07am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:08am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:09am</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
<td>.00</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

*BRUNSWICK COUNTY BRUNSWICK CO SD 090*

Serial Number: 008602    Test Record Number: 2529
Test Date: 08/30/2013    Test Time: 11:15am EDT

**System Check: Passed**

**Baseline Tests**

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<td>11:15am</td>
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<td>FC</td>
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<td>11:15am</td>
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**Temperature Tests**

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<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

<table>
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<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:16am</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 Brunswick Instrument Location Brunswick County
Instrument Serial No. 008585 Sheriff Dept

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

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

I certify that on the 30 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

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

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585  
Test Date: 08/30/2013

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

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG315701  
Exp Date: 06/06/2015

Test  g/210L  Time

DIAG  Pass  11:05am
AIR BLK .00  11:06am
ACCY CHK .08  11:06am
AIR BLK .00  11:07am
SUB TEST .00  11:08am
AIR BLK .00  11:09am
SUB TEST .00  11:10am
AIR BLK .00  11:11am

Reported AC: .00 g/210L

K.C. Rhodes  
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

**BRUNSWICK COUNTY BRUNSWICK CO SD 090**

Serial Number: 008585 Test Record Number: 2446  
Test Date: 08/30/2013 Test Time: 11:12am EDT

**System Check: Passed**

### Baseline Tests

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### Temperature Tests

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<tr>
<td>SRC</td>
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<td>11:13am</td>
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<tr>
<td>DET</td>
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<tr>
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### Blank Tests

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### Printer Tests

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<tbody>
<tr>
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### CRC Tests

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

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

I certify that on the 30 day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648
Test Date: 08/30/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG206102
Exp Date: 03/01/2014

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>9:59am</td>
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<td>AIR BLK</td>
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<td>10:00am</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>10:01am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:02am</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

**BRUNSWICK COUNTY OAK ISLAND PD 090**

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**System Check:** Passed

#### Baseline Tests

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<td>10:03am</td>
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<td>FC</td>
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#### Temperature Tests

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<tr>
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<tr>
<td>DET</td>
<td>Pass</td>
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<tr>
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<td>10:03am</td>
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#### Blank Tests

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#### Printer Tests

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#### CRC Tests

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<td>CAL</td>
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<td>10:04am</td>
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</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 29 day of August, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: 008667
Test Date: 08/29/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

 Test         g/210L   Time
 DIAG        Pass     11:46am
 AIR BLK     .00      11:47am
 ACCY CHK    .08      11:47am
 AIR BLK     .00      11:48am
 SUB TEST    .00      11:49am
 AIR BLK     .00      11:50am
 SUB TEST    .00      11:51am
 AIR BLK     .00      11:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667    Test Record Number: 1238
Test Date: 08/29/2013    Test Time: 11:53am EDT

System Check: Passed

Baseline Tests

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<tbody>
<tr>
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<tr>
<td>FC</td>
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Temperature Tests

<table>
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<th>Status</th>
<th>Time</th>
</tr>
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<tbody>
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<td>11:53am</td>
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Blank Tests

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<th>Time</th>
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<tbody>
<tr>
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Printer Tests

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<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
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<td>11:54am</td>
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CRC Tests

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<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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<tr>
<td>CAL</td>
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<td>11:54am</td>
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</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;
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9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 29 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

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

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

NEW HANOVER COUNTY    NEW HANOVER CO SD
640

Serial Number: 008626
Test Date: 08/29/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

Test  g/210L  Time
DIAG  Pass  10:48am
AIR BLK .00  10:49am
ACCY CHK .07  10:49am
AIR BLK .00  10:50am
SUB TEST .00  10:51am
AIR BLK .00  10:52am
SUB TEST .00  10:53am
AIR BLK .00  10:54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

[Signature]

Court CVR

[Signature]

Analyst

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

NEW HANOVER COUNTY  NEW HANOVER CO  SD 640

Serial Number: 008626  Test Record Number: 4602
Test Date: 08/29/2013  Test Time: 10:57am EDT

System Check: Passed

Baseline Tests

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CRC Tests

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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 New Hanover
Instrument Location New Hanover
Instrument Serial No. 008617 Sheriff Dept

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

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

I certify that on the 29 day of August 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

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

NEW HANOVER COUNTY NEW HANOVER CO SD
640

Serial Number: 008617
Test Date: 08/29/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

Test g/210L Time

DIAG Pass 10:49am
AIR BLK .00 10:50am
ACCY CHK .07 10:51am
AIR BLK .00 10:52am
SUB TEST .00 10:52am
AIR BLK .00 10:53am
SUB TEST .00 10:55am
AIR BLK .00 10:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**NEW HANOVER COUNTY NEW HANOVER CO SD 640**

Serial Number: 008617    Test Record Number: 2153
Test Date: 08/29/2013    Test Time: 10:57am EDT

System Check: Passed

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CRC Tests

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Preventive Maintenance

Status: Pass

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

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

I certify that on the 28 day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]
[Certificate Number]

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

PENDER PENDER CO SD 700

Serial Number: 008935
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG204602
Exp Date: 02/15/2014

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PENDER PENDER CO SD 700

Serial Number: 008935    Test Record Number: 1463
Test Date: 08/28/2013    Test Time: 2:35pm EDT

System Check: Passed

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Temperature Tests

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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 Dept

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of August , 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

PENDER PENDER COUNTY SD 700

Serial Number: 008946
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG204602
Exp Date: 02/15/2014

Test g/210L Time
DIAG Pass 2:25pm
AIR BLK .00 2:26pm
ACCY CHK .08 2:26pm
AIR BLK .00 2:27pm
SUB TEST .00 2:28pm
AIR BLK .00 2:29pm
SUB TEST .00 2:30pm
AIR BLK .00 2:31pm

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

PENDER PENDER COUNTY SD 700

Serial Number: 008946    Test Record Number: 682
Test Date: 08/28/2013    Test Time: 2:32pm EDT

System Check: Passed

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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

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG308002
Exp Date: 03/21/2015

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

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

K. C. Rhodes
Analyst
Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886  Test Record Number: 850
Test Date: 08/28/2013  Test Time: 12:44pm EDT

System Check: Passed

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Temperature Tests

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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 Columbus          Instrument Location Columbus County

Instrument Serial No. 008875       Sheriff Dept.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28th day of August, 2013 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 4089 (11/07)
**Intox EC/IR-II: Subject Test**

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875  
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C  
Permit Number: 5329E  
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG315701  
Exp Date: 06/06/2015

<table>
<thead>
<tr>
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<th>g/210L</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>DIAG</td>
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<td>12:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:36pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:37pm</td>
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</tr>
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Reported AC: .00 g/210L

**Signature of Chemical Analyst**

Court CVR

---

**This form is used when performing Preventive Maintenance procedures**

Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875    Test Record Number: 1143
Test Date: 08/28/2013    Test Time: 12:42pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>BAR</td>
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Blank Tests

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Printer Tests

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<tr>
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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
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<td>12:44pm</td>
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</tbody>
</table>

Preventive Maintenance
Status: Pass

K. L. [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 Bladen
Instrument Serial No. 008818
Instrument Location Bladen County Sheriff Dept.

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

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

I certify that on the 28th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

K.C. Moody
Signature of Certifying Official

Certificate Number 001

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

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG206102
Exp Date: 03/01/2014

Test g/210L Time

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<tr>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:29am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:30am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:30am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:31am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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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 BC/IR-II: Preventive Maintenance

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818       Test Record Number: 706
Test Date: 08/28/2013       Test Time: 11:34am EDT

System Check: Passed

Baseline Tests

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<td>11:34am</td>
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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<tbody>
<tr>
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CRC Tests

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<th>Status</th>
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</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

K. C. [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 Bladen
Instrument Location Bladen County

Instrument Serial No. 008894

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

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

I certify that on the 28th day of August, 2013 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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG206602
Exp Date: 03/06/2014

Test g/210L Time
DIAG Pass 11:27am
AIR BLK .00 11:28am
ACCY CHK .08 11:29am
AIR BLK .00 11:30am
SUB TEST .00 11:30am
AIR BLK .00 11:31am
SUB TEST .00 11:32am
AIR BLK .00 11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**BLADEN COUNTY BLADEN COUNTY SD 080**

Serial Number: 008894  Test Record Number: 576  Test Date: 08/28/2013  Test Time: 11:35am EDT

**System Check: Passed**

#### Baseline Tests

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#### Temperature Tests

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#### Blank Tests

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#### Printer Tests

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#### CRC Tests

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<tr>
<td>CAL</td>
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**Preventive Maintenance Status: Pass**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Sampson
Instrument Location: Sampson County
Instrument Serial No.: 008877

Sheriff Dept.

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

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

I certify that on the 27th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number: 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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

Test       g/210L       Time
DIAG       Pass       9:31am
AIR BLK    .00       9:32am
ACCCY CHK  .07       9:32am
AIR BLK    .00       9:33am
SUB TEST   .00       9:34am
AIR BLK    .00       9:35am
SUB TEST   .00       9:36am
AIR BLK    .00       9:37am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**SAMPSON COUNTY SAMPSON COUNTY SD 810**

Serial Number: 008877  Test Record Number: 1471  Test Date: 08/28/2013  Test Time: 9:38am EDT

**System Check: Passed**

**Baseline Tests**

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<td>FC</td>
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**Temperature Tests**

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**Printer Tests**

<table>
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<th>Time</th>
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</thead>
<tbody>
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**CRC Tests**

<table>
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<tbody>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:39am</td>
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</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

**K.C. [Signature]**

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

County: Sampson
Instrument Location: Sampson County
Instrument Serial No.: 008925
Sheriff Dept.

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

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

I certify that on the 29th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

601
Certificate Number

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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825
Test Date: 08/28/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG315701
Exp Date: 06/06/2015

<table>
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<td>9:32am</td>
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<tr>
<td>AIR BLK</td>
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</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:33am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:34am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

[Signature]

Court CVR

[Signature]

Analyst

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

_SAMPSON COUNTY SAMPSON CO SD 810_

Serial Number: 008825  Test Record Number: 1709  
Test Date: 08/28/2013  Test Time: 9:40am EDT

System Check: Passed

## Baseline Tests

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<td>9:41am</td>
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<td>FC</td>
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## Temperature Tests

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<tr>
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<td>9:41am</td>
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## Printer Tests

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<td>PRNT</td>
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## CRC Tests

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<td>CAL</td>
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Preventive Maintenance  
Status: Pass

---

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

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

I certify that on the 27th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

PENDER COUNTY SHERIFF DEPT ANNEX 700

Serial Number: 008948
Test Date: 08/27/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG204602
Exp Date: 02/15/2014

Test g/210L Time

DIAG Pass 1:38pm
AIR BLK .00 1:39pm
ACCY CHK .07 1:40pm
AIR BLK .00 1:41pm
SUB TEST .00 1:41pm
AIR BLK .00 1:42pm
SUB TEST .00 1:43pm
AIR BLK .00 1:44pm

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
System Check: Passed

Baseline Tests

<table>
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<td>FLO</td>
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<td>FC</td>
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Temperature Tests

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<td>FC1</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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Preventive Maintenance
Status: Pass

K. C. [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 New Hanover Instrument Location Carolina Beach

Instrument Serial No. 00667 Police Dept.

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

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

I certify that on the 27 day of August, 2015 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

NEW HANOVER COUNTY CAROLINA BEACH PD
640

Serial Number: 008661
Test Date: 08/27/2013

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

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<td>ACCY CHK</td>
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<tr>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**NEW HANOVER COUNTY CAROLINA BEACH PD 640**

Serial Number: 008661    Test Record Number: 1637
Test Date: 08/27/2013    Test Time: 12:25pm EDT

System Check: Passed

## Baseline Tests

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## Temperature Tests

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<tr>
<td>SRC</td>
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<td>12:26pm</td>
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<td>DET</td>
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<td>12:26pm</td>
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<tr>
<td>EAR</td>
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## Printer Tests

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## CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858
Test Date: 08/27/2013

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

Analyst's Name: RHODES, KENNETH C
 Permit Number: 5329E
 Effective: 10/01/2011-10/01/2013

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

Lot Number: AG308002
Exp Date: 03/21/2015

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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:39am</td>
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<tr>
<td>AIR BLK</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**DUPLIN COUNTY WALLACE PD 300**

Serial Number: 008858    Test Record Number: 600  
Test Date: 08/27/2013    Test Time: 10:47am EDT

System Check: Passed

## Baseline Tests

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<td>10:47am</td>
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<td>FC</td>
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## Temperature Tests

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<td>10:47am</td>
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<td>BT</td>
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## CRC Tests

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<tr>
<td>CAL</td>
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</tbody>
</table>

Preventive Maintenance Status: Pass

---

K.C. [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 display sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
**Intox EC/IR-II: Subject Test**

**WILSON COUNTY WILSON CO DETENTION 970**

Serial Number: 008627  
Test Date: 08/30/2013

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

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective: 08/01/2013-08/01/2015

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

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

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<tr>
<td>ACCY CHK</td>
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<td>11:09am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10am</td>
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Reported AC: .00 g/210L  

Signature of Chemical Analyst

Court CVR

---

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

**WILSON COUNTY WILSON CO DETENTION 970**

Serial Number: 008627  
Test Record Number: 1592  
Test Date: 08/30/2013  
Test Time: 11:15am EDT

**System Check: Passed**

## Baseline Tests

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</table>

## Temperature Tests

<table>
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<tr>
<td>FC1</td>
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<tr>
<td>SRC</td>
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<td>11:15am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
<td>11:15am</td>
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## Blank Tests

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<tbody>
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## Printer Tests

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<tr>
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## CRC Tests

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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:16am</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: Wilson
Instrument Location: Wilson Co. Detention Center
Instrument Serial No. 0081652 100 E. Green St., Wilson, N.C.

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

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

I certify that on the 30th day of August, 2013, 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] 6043

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652
Test Date: 08/30/2013

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG205402
Exp Date: 02/23/2014

Test g/210L Time

<table>
<thead>
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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</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>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**WILSON COUNTY WILSON CO DETENTION 970**

- **Serial Number:** 008652  
- **Test Record Number:** 2341  
- **Test Date:** 08/30/2013  
- **Test Time:** 11:02am EDT

**System Check:** Passed

## Baseline Tests

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<tr>
<td>FC</td>
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## Temperature Tests

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## Blank Tests

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## Printer Tests

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## CRC Tests

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<td>COMP</td>
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<td>11:03am</td>
</tr>
<tr>
<td>CAL</td>
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<td>11:03am</td>
</tr>
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</table>

**Preventive Maintenance Status:** Pass

---

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

---

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

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

I certify that on the 29th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Intox EC/IR-II: Subject Test

HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848
Test Date: 08/29/2013

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: GUARD, KELLY G
Permit Number: 12955E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG206103
Exp Date: 03/01/2014

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<td>ACCY CHK</td>
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Reported AC: 0.00 g/210L

Signature of Chemical Analyst

Court CVR

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

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<td>DET</td>
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<td>BAR</td>
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<td>12:54pm</td>
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<tr>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Hertford
Instrument Location: Murfreesboro P.D.

Instrument Serial No.: 008851
115 E. Broad St., Murfreesboro P.D.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008851
Test Date: 08/29/2013

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

Analyst's Name: GUARD, KELLY G
 Permit Number: 12955E
 Effective:
 08/01/2013-08/01/2015

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

Lot Number: AG205402
Exp Date: 02/23/2014

Test g/210L Time

<p>| | | |</p>
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<tr>
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<td>11:35am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008851    Test Record Number: 458
Test Date: 08/29/2013    Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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<tbody>
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Printer Tests

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<tbody>
<tr>
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CRC Tests

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<td>CAL</td>
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Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Currituck Instrument Location Currituck C.O.S.O.-Corolla

Instrument Serial No. 008949 1123 Ocean Trail, Corolla, NC

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

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

I certify that on the 27th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949
Test Date: 08/27/2013

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG204602
Exp Date: 02/15/2014

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<td>ACCY CHK</td>
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<td>12:15pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:16pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CURRITUCK COUNTY SO-COROLLA 260

Serial Number: 008949   Test Record Number: 306
Test Date: 08/27/2013   Test Time: 12:21pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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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: Cleveland
Instrument Location: Cleveland County SD-Annex
Instrument Serial No.: 008881
407 McBrayer Street, Shelby
704-484-4888

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

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

I certify that on the 20th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

CLEVELAND COUNTY CLEVELAND SD - ANNEX 220

Serial Number: 008881
Test Date: 08/20/2013

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG206102
Exp Date: 03/01/2014

Test     g/210L  Time
DIAG     Pass  1:06pm
AIR BLK  .00  1:07pm
ACCY CHK .07  1:08pm
AIR BLK  .00  1:08pm
SUB TEST .00  1:09pm
AIR BLK  .00  1:10pm
SUB TEST .00  1:11pm
AIR BLK  .00  1:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CLEVELAND COUNTY CLEVELAND SD - ANNEX 220

Serial Number: 008881    Test Record Number: 522
Test Date: 08/20/2013    Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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<td>PRNT</td>
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CRC Tests

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<tr>
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</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 Cleveland Instrument Location Kings Mountain PD
Instrument Serial No. 008900 112 S. Piedmont Ave, Kings Mountain

704-734-0444

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900
Test Date: 08/20/2013

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: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG320602
Exp Date: 07/25/2015

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<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:02pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:03pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:04pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008900  Test Record Number: 437
Test Date: 08/20/2013  Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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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 Rutherford Instrument Location Forest City PD

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

828- 245-5555

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23rd day of August 2013 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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889
Test Date: 08/23/2013

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG320602
Exp Date: 07/24/2015

Test | g/210L | Time
---|---|---
DIAG | Pass | 9:40am
AIR BLK | .00 | 9:41am
ACCY CHK | .08 | 9:41am
AIR BLK | .00 | 9:42am
SUB TEST | .00 | 9:43am
AIR BLK | .00 | 9:44am
SUB TEST | .00 | 9:45am
AIR BLK | .00 | 9:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889    Test Record Number: 515
Test Date: 08/23/2013    Test Time: 9:47am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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 Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008827 #1 Court Square, Lincoln

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

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

I certify that on the 19th day of August, 2013 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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827  Test Record Number: 1579
Test Date: 08/19/2013  Test Time: 11:37am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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<td>11:39am</td>
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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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827
Test Date: 08/19/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2012-02/01/2014

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

Lot Number: AG203102
Exp Date: 01/31/2014

Test  g/210L  Time

DIAG  Pass   11:42am
AIR BLK .00  11:42am
ACCY CHK .08  11:43am
AIR BLK .00  11:44am
SUB TEST .00  11:45am
AIR BLK .00  11:46am
SUB TEST .00  11:47am
AIR BLK .00  11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Stokes
Instrument Location: Stokes County Jail
Instrument Serial No: 008596

Danbury, 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 August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 08/12/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG204603
Exp Date: 02/15/2014

Test g/210L Time
DIAG Pass 1:17pm
AIR BLK .00 1:18pm
ACCY CHK .07 1:18pm
AIR BLK .00 1:19pm
SUB TEST .00 1:20pm
AIR BLK .00 1:21pm
SUB TEST .00 1:22pm
AIR BLK .00 1:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**STOKES COUNTY STOKES COUNTY JAIL #40**

Serial Number: 008596  Test Record Number: 618  
Test Date: 08/12/2013  Test Time: 1:25pm EDT

**System Check: Passed**

**Baseline Tests**

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<tr>
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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
<td>Pass</td>
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Preventive Maintenance  
Status: Pass

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Stokes  Instrument Location: King Police

Instrument Serial No: 008610  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 16th day of August, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

**STOKES COUNTY KING PD 840**

Serial Number: 008610  
Test Date: 08/12/2013

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

**Analyst's Name:** BENFIELD II, KENNETH R  
**Permit Number:** 22067E  
**Effective:**  
12/01/2012-12/01/2014

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

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<th>Exp Date: 02/15/2014</th>
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<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:26pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:27pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**STOKES COUNTY KING PD 840**

Serial Number: 008610  Test Record Number: 1329  Test Date: 08/12/2013  Test Time: 3:34pm EDT

System Check: Passed

Baseline Tests

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<td>3:34pm</td>
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<tr>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
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<tr>
<td>CAL</td>
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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: Yadkin
Instrument Location: Yadkinville Police

Instrument Serial No.: 008925

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

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

I certify that on the 14th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 657

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

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

**YADKIN COUNTY YADKINVILLE PD 980**

Serial Number: 008925  
Test Date: 08/14/2013  

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: BENFIELD II, KENNETH R  
Permit Number: 22067E  
Effective: 12/01/2012-12/01/2014

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

Lot Number: AG204603  
Exp Date: 02/15/2014

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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:07pm</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

---

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

Baseline Tests

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<td>2:14pm</td>
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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 14 day of August, 2015 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 1057

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

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

SURRY COUNTY ELKIN PD 850

Serial Number: 008926
Test Date: 08/14/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 12/01/2012-12/01/2014

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

Lot Number: AG200905
Exp Date: 01/09/2014

Test g/210L Time
DIAG Pass 3:46pm
AIR BLK .00 3:47pm
ACCY CHK .07 3:47pm
AIR BLK .00 3:48pm
SUB TEST .00 3:49pm
AIR BLK .00 3:50pm
SUB TEST .00 3:51pm
AIR BLK .00 3:52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

**SURRY COUNTY ELKIN PD 850.**

Serial Number: 008926    Test Record Number: 569
Test Date: 08/14/2013    Test Time: 4:00pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Davie
Instrument Location: Davie County Jail
Instrument Serial No. 008905

Mocksville, N.C.

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

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

I certify that on the 15th day of August, 2013, 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

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905
Test Date: 08/15/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG206103
Exp Date: 03/01/2014

Test g/210L Time

DIAG Pass 11:17am
AIR BLK .00 11:18am
ACCY CHK .08 11:19am
AIR BLK .00 11:20am
SUB TEST .00 11:20am
AIR BLK .00 11:21am
SUB TEST .00 11:23am
AIR BLK .00 11:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**DAVIE COUNTY DAVIE COUNTY JAIL 290**

Serial Number: 008905  Test Record Number: 1217  
Test Date: 08/15/2013  Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
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<tr>
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<td>Pass</td>
<td>11:26am</td>
</tr>
<tr>
<td>BAR</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilkes
Instrument Location Wilkes County Courthouse

Instrument Serial No. 008848
Wilkesboro, N.C.

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

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

I certify that on the 15 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843
Test Date: 08/15/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG305202
Exp Date: 02/21/2015

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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Record Number: 1385
Test Date: 08/15/2013 Test Time: 1:25pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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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 Forsyth Instrument Location Kernesville Police

Instrument Serial No. 008650 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 23 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650
Test Date: 08/23/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG206602
Exp Date: 03/06/2014

Test g/210L Time

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

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

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650  Test Record Number: 962
Test Date: 08/23/2013  Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

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Printer Tests

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CRC Tests

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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 Forsyth Instrument Location Forsyth County Detention
Instrument Serial No. 008659 Winston-Salem, N.C.

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

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

I certify that on the 23 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 08/23/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG206602
Exp Date: 03/06/2014

Test g/210L Time

DIAG Pass 1:28pm
AIR BLK .00 1:29pm
ACCY CHK .07 1:29pm
AIR BLK .00 1:30pm
SUB TEST .00 1:31pm
AIR BLK .00 1:32pm
SUB TEST .00 1:33pm
AIR BLK .00 1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008659  Test Record Number: 2176  
Test Date: 08/23/2013  Test Time: 1:35pm EDT

**System Check: Passed**

#### Baseline Tests

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#### CRC Tests

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**Preventive Maintenance**

**Status:** Pass

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This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  
PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County Forsyth  
Instrument Location Forsyth County Detention  
Instrument Serial No. 008660  
Winston-Salem, N.C.  

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

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

I certify that on the 23 day of August 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number  

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

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

FORSYTH COUNTY FORSYTH CO DETENTION

Serial Number: 008660
Test Date: 08/23/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 12/01/2012-12/01/2014

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

Lot Number: AG206603
Exp Date: 03/06/2014

Test g/210L Time

DIAG Pass 1:03pm
AIR BLK .00 1:04pm
ACCY CHK .08 1:05pm
AIR BLK .00 1:05pm
SUB TEST .00 1:06pm
AIR BLK .00 1:07pm
SUB TEST .00 1:08pm
AIR BLK .00 1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660    Test Record Number: 3338
Test Date: 08/23/2013   Test Time: 1:11pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

657
Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008583
Test Date: 08/23/2013

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

Analyst's Name: BENFIELD II, KENNETH R
Permit Number: 22067E
Effective: 12/01/2012-12/01/2014

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

Lot Number: AG206602
Exp Date: 03/06/2014

Test     g/210L Time
DIAG     Pass  12:32pm
AIR BLK .00  12:32pm
ACCY CHK .08  12:33pm
AIR BLK .00  12:34pm
SUB TEST .00  12:34pm
AIR BLK .00  12:35pm
SUB TEST .00  12:37pm
AIR BLK .00  12:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583    Test Record Number: 4607
Test Date: 08/23/2013    Test Time: 12:40pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CABARRUS       Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 0086466       Concord, NC

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

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

I certify that on the 1 day of AUGUST , 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616
Test Date: 08/01/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time

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<tr>
<td>AIR BLK</td>
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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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616   Test Record Number: 1718
Test Date: 08/01/2013   Test Time: 10:33pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

Signature: [Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 1 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647
Test Date: 08/01/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

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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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647    Test Record Number: 1733
Test Date: 08/01/2013    Test Time: 10:36pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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: Batmobile Unit 3 Concord, NC

Instrument Serial No.: 008707

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

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

I certify that on the 1st day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: Allen Ray Barnes

Certificate Number: 648

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707
Test Date: 08/01/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15571E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

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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**

*CABARRUS COUNTY BAT MOBILE UNIT 3 120*

Serial Number: 008707  
Test Record Number: 1790  
Test Date: 08/01/2013  
Test Time: 10:43pm EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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**Preventive Maintenance**

Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GUILFORD Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 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 2 day of A U G U S T, 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707
Test Date: 08/02/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

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<tr>
<td>AIR BLK</td>
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<td>10:10pm</td>
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</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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707    Test Record Number: 1796
Test Date: 08/02/2013    Test Time: 10:12pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance

Status: Pass

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2 day of AUGUST, 2013 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 BAT MOBILE UNIT 3 400

Serial Number: 008647
Test Date: 08/02/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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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

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

Serial Number: 008647    Test Record Number: 1738
Test Date: 08/02/2013    Test Time: 10:05pm EDT

System Check: Passed

### Baseline Tests

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### Temperature Tests

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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
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Preventive Maintenance Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GUILFORD Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 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 2 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616
Test Date: 08/02/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time

DIAG Pass 9:50pm
AIR BLK .00 9:51pm
ACCY CHK .08 9:52pm
AIR BLK .00 9:52pm
SUB TEST .00 9:53pm
AIR BLK .00 9:54pm
SUB TEST .00 9:55pm
AIR BLK .00 9:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616    Test Record Number: 1724
Test Date: 08/02/2013    Test Time: 9:57pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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<td>DET</td>
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<td>9:57pm</td>
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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Signature: [Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Moore Instrument Location BAT Mobile Unit 3
Instrument Serial No. 008707 Pinehurst, 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 August 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008707
Test Date: 08/09/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

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<tr>
<td>ACCY CHK</td>
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<td>9:31pm</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008707     Test Record Number: 1801
Test Date: 08/09/2013     Test Time: 9:36pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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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: Moore
Instrument Location: BAT MOBILE UNIT 3
Instrument Serial No.: 008647
PINEHURST, 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 9th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]
Certificate Number: 648

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

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

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008647
Test Date: 08/09/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

<table>
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<tbody>
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<tr>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MOORE COUNTY BAT MOBILE UNIT 3 620

Serial Number: 008647    Test Record Number: 1741
Test Date: 08/09/2013    Test Time: 9:33pm EDT

System Check: Passed

Baseline Tests

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<tr>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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</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  BAT MOBILE UNIT 3
Instrument Serial No.  008647  CHARLOTTE, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15 day of  AUGUST  2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number  1648

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647
Test Date: 08/15/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time

DIAG Pass 10:16pm
AIR BLK .00 10:17pm
ACCY CHK .07 10:18pm
AIR BLK .00 10:19pm
SUB TEST .00 10:19pm
AIR BLK .00 10:20pm
SUB TEST .00 10:22pm
AIR BLK .00 10:23pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647    Test Record Number: 1744
Test Date: 08/15/2013    Test Time: 10:25pm EDT

System Check: Passed

Baseline Tests

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CRC Tests

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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: MECKLENBURG Instrument Location: BAT MOBILE UNIT 3

Instrument Serial No.: 008707 CHARLOTTE, NC

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

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

I certify that on the 15 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: Allen Ray Bowers Certificate Number: 6948

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 BAT MOBILE UNIT 3
590

Serial Number: 008707
Test Date: 08/15/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test: g/210L Time

DIAG Pass 10:20pm
AIR BLK .00 10:21pm
ACCY CHK .08 10:21pm
AIR BLK .00 10:22pm
SUB TEST .00 10:23pm
AIR BLK .00 10:24pm
SUB TEST .00 10:25pm
AIR BLK .00 10:26pm

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707    Test Record Number: 1804
Test Date: 08/15/2013    Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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 MECKLENSBURG Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 CHARLOTTE, NC

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

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

I certify that on the 15 day of August 2013 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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616
Test Date: 08/15/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test    g/210L    Time
DIAG     Pass    10:14pm
AIR BLK  .00     10:15pm
ACCY CHK .08     10:16pm
AIR BLK  .00     10:17pm
SUB TEST .00     10:17pm
AIR BLK  .00     10:18pm
SUB TEST .00     10:20pm
AIR BLK  .00     10:21pm

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

MECKLENBURG COUNTY BART MOBILE UNIT 3 590

Serial Number: 008616  Test Record Number: 1730
Test Date: 08/15/2013  Test Time: 10:25pm EDT

System Check: Passed

Baseline Tests

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CRC Tests

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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 FORSYTH Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008707 WINSTON SALEM, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 648

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

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

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707
Test Date: 08/22/2013

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

Analyst's Name: BARNES, ALVIN R
 Permit Number: 156716
 Effective:
 10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test   g/210L Time
DIAG   Pass 9:26pm
AIR BLK .00 9:27pm
ACCY CHK .07 9:28pm
AIR BLK .00 9:29pm
SUB TEST .00 9:29pm
AIR BLK .00 9:30pm
SUB TEST .00 9:32pm
AIR BLK .00 9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature Image]

Analyst

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

**FORSYTH COUNTY BAT MOBILE UNIT 330**

Serial Number: 008707  Test Record Number: 1812  
Test Date: 08/22/2013  Test Time: 9:33pm EDT

**System Check: Passed**

#### Baseline Tests

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#### Preventive Maintenance

**Status: Pass**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County FORTYTH Instrument Location  BAT MOBILE UNIT 3

Instrument Serial No. 084647 Winston Salem, NC

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

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

I certify that on the 22 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008647
Test Date: 08/22/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time
DIAG Pass 9:25pm
AIR BLK .00 9:26pm
ACCY CHK .07 9:27pm
AIR BLK .00 9:28pm
SUB TEST .00 9:28pm
AIR BLK .00 9:29pm
SUB TEST .00 9:31pm
AIR BLK .00 9:31pm

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

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008647     Test Record Number: 1755
Test Date: 08/22/2013     Test Time: 9:32pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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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: GUILFORD
Instrument Location: BAT MOBILE UNIT 3
Instrument Serial No.: 008616
            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 23 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: Alan R. Bowers
Certificate Number: 6048

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616
Test Date: 08/23/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time
DIAG Pass 10:11pm
AIR BLK .00 10:13pm
ACCY CHK .08 10:13pm
AIR BLK .00 10:14pm
SUB TEST .00 10:15pm
AIR BLK .00 10:15pm
SUB TEST .00 10:17pm
AIR BLK .00 10:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

Baseline Tests

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CRC Tests

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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: Bat Mobile Unit 3
Instrument Serial No.: 008707  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 23 day of August, 2013 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 BAT MOBILE UNIT 3 400

Serial Number: 008707
Test Date: 09/23/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

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

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**

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

Serial Number: 008707    Test Record Number: 1818
Test Date: 08/23/2013    Test Time: 10:16pm EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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**Preventive Maintenance**

Status: Pass

---

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

**Analyst**

[Signature]
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County         Guilford         Instrument Location     BAT MOBILE UNIT 3
Instrument Serial No. 008647             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 23rd day of August, 2013, 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: Alan Ray Barnes
Certificate Number: 648

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

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647
Test Date: 08/23/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**GUILFORD COUNTY BAT MOBILE UNIT 3 400**

Serial Number: 008647    Test Record Number: 1759
Test Date: 08/23/2013    Test Time: 10:16pm EDT

System Check: Passed

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### CRC Tests

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<td>CAL</td>
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Preventive Maintenance Status: Pass

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the __24__ day of __AUGUST__ , 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY BAT MOBILE UNIT 3
250

Serial Number: 008647
Test Date: 08/24/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time

DIAG Pass 9:41pm
AIR BLK .00 9:42pm
ACCY CHK .07 9:42pm
AIR BLK .00 9:43pm
SUB TEST .00 9:45pm
AIR BLK .00 9:46pm
SUB TEST .00 9:47pm
AIR BLK .00 9:48pm

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

CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008647   Test Record Number: 1767
Test Date: 08/24/2013   Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 24 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

CUMBERLAND COUNTY BAT MOBILE UNIT 3
250

Serial Number: 008707
Test Date: 08/24/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test   g/210L   Time

DIAG    Pass   9:43pm
AIR BLK .00    9:44pm
ACCY CHK .07    9:44pm
AIR BLK .00    9:45pm
SUB TEST .00    9:45pm
AIR BLK .00    9:46pm
SUB TEST .00    9:48pm
AIR BLK .00    9:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

CUMBERLAND COUNTY BAT MOBILE UNIT 3 250

Serial Number: 008707   Test Record Number: 1825
Test Date: 08/24/2013   Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

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Printer Tests

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CRC Tests

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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: CUMBERLAND       Instrument Location: BAT MOBILE UNIT 3

Instrument Serial No. 0086016       FAYETTEVILLE, 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 AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]  Certificate Number: 6048

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

CUMBERLAND COUNTY BAT MOBILE UNIT 3
250

Serial Number: 008616
Test Date: 08/24/2013

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

 Analyst's Name: BARNES, ALVIN R
 Permit Number: 15671E
 Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test  g/210L  Time

DIAG  Pass  9:44pm
AIR BLK  .00  9:45pm
ACCY CHK  .08  9:45pm
AIR BLK  .00  9:46pm
SUB TEST  .00  9:47pm
AIR BLK  .00  9:48pm
SUB TEST  .00  9:49pm
AIR BLK  .00  9:50pm

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**

**CUMBERLAND COUNTY BAT MOBILE UNIT 3 250**

Serial Number: 008616     Test Record Number: 1746  
Test Date: 08/24/2013     Test Time: 9:51pm EDT

System Check: Passed

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Printer Tests

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CRC Tests

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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 CABARRUS Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008707 Concord, NC

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

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

I certify that on the 30 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 648

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707
Test Date: 08/30/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time

DIAG Pass 10:10pm
AIR BLK .00 10:11pm
ACCY CHK .08 10:11pm
AIR BLK .00 10:12pm
SUB TEST .00 10:13pm
AIR BLK .00 10:14pm
SUB TEST .00 10:16pm
AIR BLK .00 10:17pm

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707    Test Record Number: 1828
Test Date: 08/30/2013    Test Time: 10:19pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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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 CABARRUS Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 008614 Concord, NC

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

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

I certify that on the 30 day of AUGUST 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

CABARRUS COUNTY EAT MOBILE UNIT 3 120

Serial Number: 008616
Test Date: 08/30/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test     g/210L     Time
 DIAG     Pass     10:25pm
 AIR BLK  .00      10:26pm
 ACCY CHK .08      10:26pm
 AIR BLK  .00      10:27pm
 SUB TEST .00      10:28pm
 AIR BLK  .00      10:29pm
 SUB TEST .00      10:30pm
 AIR BLK  .00      10:31pm

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616    Test Record Number: 1751
Test Date: 08/30/2013    Test Time: 10:32pm EDT

System Check: Passed

Baseline Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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: CASARRUS
Instrument Location: BAT Mobile Unit 3

Instrument Serial No.: 08647
Concord, NC

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

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

I certify that on the 30 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]
Certificate Number: 6048

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

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647
Test Date: 08/30/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

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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

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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 DAVIDSON  Instrument Location BATMOBILE UNIT 3
Instrument Serial No. 008647  THOMASVILLE, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 31 day of AUGUST 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647
Test Date: 08/31/2013

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203903
Exp Date: 02/08/2014

Test g/210L Time
DIAG Pass 11:28pm
AIR BLK .00 11:30pm
ACCY CHK .07 11:30pm
AIR BLK .00 11:31pm
SUB TEST .00 11:32pm
AIR BLK .00 11:33pm
SUB TEST .00 11:34pm
AIR BLK .00 11:35pm

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

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008647    Test Record Number: 1774
Test Date: 08/31/2013    Test Time: 11:35pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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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: Montgomery Instrument Location: Bat mobile Unit 2
Instrument Serial No: 008929 Bisco PD

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

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

I certify that on the 9 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Sonia B. Skinner
Signature of Certifying Official

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

MONTGOMERY COUNTY BAT MOBILE UNIT 2
610

Serial Number: 008929
Test Date: 08/09/2013

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: 10/01/2011-10/01/2013

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

Lot Number: AG308002
Exp Date: 03/21/2015

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<td>AIR BLK</td>
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<td>AIR BLK</td>
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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

MONTGOMERY COUNTY BAT MOBILE UNIT 2 610

Serial Number: 008929    Test Record Number: 654
Test Date: 08/09/2013    Test Time: 9:21pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

( Analyst Signature)

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Montgomery  Instrument Location: Bat Mobile Unit 2

Instrument Serial No.: 108601

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 9th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

MONTGOMERY COUNTY BATMOBILE UNIT 2 610

Serial Number: 008601
Test Date: 08/09/2013

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: 13516
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG205401
Exp Date: 02/23/2014

Test g/210L Time

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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

**MONTGOMERY COUNTY BATMOBILE UNIT 2 610**

Serial Number: 003601  Test Record Number: 848
Test Date: 08/09/2013  Test Time: 9:26pm EDT

System Check: Passed

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## Temperature Tests

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## CRC Tests

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Preventive Maintenance Status: Pass

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

Analyst

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

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

I certify that on the 11th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

**WAKE COUNTY BAT MOBILE UNIT 2 910**

- **Serial Number:** 008736
- **Test Date:** 08/16/2013
- **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:** 10/01/2011-10/01/2013
- **Officer's Name:** NONE, NONE
- **Type of Agency:** PTA
- **Agency:** DHHS
- **Test Type:** Breath Test

- **Lot Number:** AG315701
- **Exp Date:** 06/06/2015

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

**Signature of Chemical Analyst**

Court CVR

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

[Signature]

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736    Test Record Number: 642
Test Date: 08/16/2013    Test Time: 10:02pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wake
Instrument Location Beat mobile Unit 2
Instrument Serial No. 00 8101

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

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

I certify that on the 40 day of August 2013 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

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601
Test Date: 08/16/2013

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:
10/01/2011-10/01/2013

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

Lot Number: AG205401
Exp Date: 02/23/2014

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Reported AC: 0.00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601  Test Record Number: 855
Test Date: 08/16/2013  Test Time: 9:43pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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</table>

Preventive Maintenance Status: Pass

 Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake
Instrument Location: Bat Mobile Unit 2

Instrument Serial No.: 008929

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

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

I certify that on the 14th day of August, 2013, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929
Test Date: 08/16/2013

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: 10/01/2011-10/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

Test g/210L Time

DIAG Pass 10:48pm
AIR BLK .00 10:50pm
ACCY CHK .07 10:50pm
AIR BLK .00 10:51pm
SUB TEST .00 10:52pm
AIR BLK .00 10:53pm
SUB TEST .00 10:54pm
AIR BLK .00 10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Wake County Bat Mobile Unit 2 910

Serial Number: 008929   Test Record Number: 658
Test Date: 08/16/2013   Test Time: 10:58pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures.

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Nash  Instrument Location: Bat mobile unit 2
Instrument Serial No: 6084001  Whitakers 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 15 day of August 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: Janya B. Skinner  Certificate Number: 1044

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

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

NASH COUNTY BATMOBILE UNIT 2 630

Serial Number: 008601
Test Date: 08/15/2013

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:
10/01/2011-10/01/2013

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

Lot Number: AG205401
Exp Date: 02/23/2014

Test g/210L Time

DIAG Pass 9:37pm
AIR BLK .00 9:38pm
ACCY CHK .07 9:38pm
AIR BLK .00 9:39pm
SUB TEST .00 9:40pm
AIR BLK .00 9:41pm
SUB TEST .00 9:42pm
AIR BLK .00 9:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

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

NASH COUNTY BATMOBILE UNIT 2 630

Serial Number: 008601  Test Record Number: 851
Test Date: 08/15/2013  Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

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

I certify that on the 31 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

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

**CHATHAM COUNTY BAT MOBILE UNIT 2 180**

Serial Number: 008929  
Test Date: 08/31/2013  

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: 10/01/2011-10/01/2013  

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

Lot Number: AG308702  
Exp Date: 03/28/2015

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<td>AIR BLK</td>
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Reported AC: .00 g/210L

**Signature of Chemical Analyst**

Court CVR

**Analyst**

Tonya B Skinn

---

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

CHATHAM COUNTY BAT MOBILE UNIT 2 180

Serial Number: 008229    Test Record Number: 666
Test Date: 08/31/2013    Test Time: 9:19pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
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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 30 day of August 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008929
Test Date: 08/30/2013

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: 10/01/2011-10/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

Test g/210L Time
DIAG Pass 9:30pm
AIR BLK .00 9:32pm
ACCY CHK .07 9:32pm
AIR BLK .00 9:33pm
SUB TEST .00 9:34pm
AIR BLK .00 9:35pm
SUB TEST .00 9:36pm
AIR BLK .00 9:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[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

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008929    Test Record Number: 662
Test Date: 08/30/2013    Test Time: 9:38pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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: Brunswick Co.   Instrument Location: BAT Mobile Unit

Instrument Serial No. 008734

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

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

I certify that on the 25th day of August, 2013 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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734
Test Date: 08/25/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective: 02/01/2012-02/01/2014

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

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

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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734    Test Record Number: 719
Test Date: 08/25/2013    Test Time: 3:40pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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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: Brunswick Co.  Instrument Location: BAT Mobile Unit 7

Instrument Serial No. 00 2574

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

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

I certify that on the 24th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577
Test Date: 08/24/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time

DIAG Pass 9:32pm
AIR BLK .00 9:33pm
ACCY CHK .07 9:34pm
AIR BLK .00 9:35pm
SUB TEST .00 9:36pm
AIR BLK .00 9:37pm
SUB TEST .00 9:38pm
AIR BLK .00 9:39pm

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577    Test Record Number: 900
Test Date: 08/24/2013    Test Time: 9:40pm EDT

System Check: Passed

Baseline Tests

Test    Status    Time
IR      Pass       9:40pm
FLO     Pass       9:40pm
FC      Pass       9:40pm

Temperature Tests

Test    Status    Time
FCl     Pass       9:40pm
SRC     Pass       9:40pm
DBT     Pass       9:40pm
BAR     Pass       9:40pm
BT      Pass       9:40pm

Blank Tests

Test    Status    Time
AIR     Pass       9:41pm

Printer Tests

Test    Status    Time
PRNT    Pass       9:41pm

CRC Tests

Test    Status    Time
COMP    Pass       9:41pm
CAL     Pass       9:41pm

Preventive Maintenance
Status: Pass

[Signature]  Analyst

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

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

I certify that on the 24th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612
Test Date: 08/24/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective: 02/01/2012-02/01/2014

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

Lot Number: AG303502
Exp Date: 02/04/2015

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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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612    Test Record Number: 1384
Test Date: 08/24/2013    Test Time: 9:43pm EDT

System Check: Passed

Baseline Tests

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CRC Tests

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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: New Hanover
Instrument Location: Bar Mobile Unit

Instrument Serial No.: 081 160

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

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

I certify that on the 16th day of August, 2013 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

NEW HANOVER COUNTY BAT MOBILE UNIT 7

Serial Number: 008760
Test Date: 08/16/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time

DIAG Pass 8:48pm
AIR BLK .00 8:49pm
ACCY CHK .08 8:50pm
AIR BLK .00 8:51pm
SUB TEST .00 8:51pm
AIR BLK .00 8:52pm
SUB TEST .00 8:54pm
AIR BLK .00 8:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760    Test Record Number: 483
Test Date: 08/16/2013    Test Time: 8:55pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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 New Hanover Instrument Location Gate Mobile Unit 4

Instrument Serial No. 008623

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of August 2015 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640
Serial Number: 008623
Test Date: 08/16/2013
Citation Number: M00000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time
DIAG Pass 8:50pm
AIR BLK .00 8:51pm
ACCY CHK .07 8:52pm
AIR BLK .00 8:53pm
SUB TEST .00 8:53pm
AIR BLK .00 8:54pm
SUB TEST .00 8:55pm
AIR BLK .00 8:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR
Intox EC/IR-II: Preventive Maintenance

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623    Test Record Number: 2763
Test Date: 08/16/2013    Test Time: 8:59pm EDT
System Check: Passed

Baseline Tests

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CRC Tests

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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: New Hanover
Instrument Location: BIS Mobile Unit B

Instrument Serial No.: 005704

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

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

I certify that on the 16th day of August, 2013, 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

BMT MOBILE UNIT 7 NEW HANOVER COUNTY
640

Serial Number: 008704
Test Date: 08/16/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG309101
Exp Date: 04/01/2015

Test g/210L Time
DIAG Pass 8:43pm
AIR BLK .00 8:44pm
ACCY CHK .08 8:44pm
AIR BLK .00 8:45pm
SUB TEST .00 8:47pm
AIR BLK .00 8:48pm
SUB TEST .00 8:49pm
AIR BLK .00 8:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**BAT MOBILE UNIT 7 NEW HANOVER COUNTY 640**

Serial Number: 008704   Test Record Number: 156
Test Date: 08/16/2013   Test Time: 8:51pm EDT

System Check: Passed

**Baseline Tests**

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**Printer Tests**

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**CRC Tests**

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Preventive Maintenance
Status: Pass

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

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

I certify that on the 16th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008577
Test Date: 08/16/2013

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

Analyst's Name: KEESLER, GRAYHAM C
 Permit Number: 7682E
 Effective:
 02/01/2012-02/01/2014

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test                g/210L    Time

  DIAG               Pass      9:44pm
  AIR BLK       .00      9:45pm
  ACCY CHK      .07      9:45pm
  AIR BLK       .00      9:46pm
  SUB TEST      .00      9:47pm
  AIR BLK       .00      9:49pm
  SUB TEST      .00      9:50pm
  AIR BLK       .00      9:51pm

Reported AC:      .00 g/210L

Signature of Chemical Analyst

Court CVR

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

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008577    Test Record Number: 893
Test Date: 08/16/2013    Test Time: 9:53pm EDT

System Check: Passed

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Blank Tests

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Printer Tests

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CRC Tests

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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 30th day of August, 2013 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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612
Test Date: 08/30/2013

Citation Number: M00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG303502
Exp Date: 02/04/2015

Test g/210L Time

DIAG Pass 9:29pm
AIR BLK .00 9:30pm
ACCY CHK .07 9:30pm
AIR BLK .00 9:31pm
SUB TEST .00 9:32pm
AIR BLK .00 9:33pm
SUB TEST .00 9:34pm
AIR BLK .00 9:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008612  Test Record Number: 1389
Test Date: 08/30/2013  Test Time: 9:36pm EDT

System Check: Passed

Baseline Tests

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CRC Tests

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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 Brunswick Co. Instrument Location 3rd Mobile Unit

Instrument Serial No. 008404

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30th day of August, 2013 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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008704
Test Date: 08/30/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective: 02/01/2012-02/01/2014

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

Lot Number: AG309101
Exp Date: 04/01/2015

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7090

Serial Number: 008704    Test Record Number: 165
Test Date: 08/30/2013    Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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</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 30th day of August 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577
Test Date: 08/30/2013

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time

DIAG Pass 9:27pm
AIR BLK .00 9:28pm
ACCCY CHK .07 9:29pm
AIR BLK .00 9:30pm
SUB TEST .00 9:31pm
AIR BLK .00 9:32pm
SUB TEST .00 9:33pm
AIR BLK .00 9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008577    Test Record Number: 902
Test Date: 08/30/2013    Test Time: 9:35pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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</tr>
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</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 Brunswick Co Instrument Location B Untersile Unit I 7

Instrument Serial No. 00 8134

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 3682E

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

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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734
Test Date: 08/30/2013

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

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

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

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

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:32pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008734  Test Record Number: 722
Test Date: 08/30/2013  Test Time: 9:41pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:42pm</td>
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Preventive Maintenance
Status: Pass

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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**

**BRUNSWICK COUNTY BAT MOBILE UNIT 7 090**

Serial Number: 008760  
Test Date: 08/30/2013

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

Analyst's Name: KEESLER, GRAYHAM C  
Permit Number: 7682E  
Effective: 02/01/2012-02/01/2014

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

Lot Number: AG305202  
Exp Date: 02/21/2015

<table>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:39pm</td>
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<tr>
<td>SUB TEST</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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**Reported BAC:** .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

BRUNSWICK COUNTY BAT MOBILE UNIT 7 090

Serial Number: 008760      Test Record Number: 496
Test Date: 08/30/2013      Test Time: 9:45pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 23rd day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891
Test Date: 08/23/2013

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

Analyst's Name: QUARANTELO, NICHOLAS J
Permit Number: 21536E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG206102
Exp Date: 03/01/2014

Test g/210L Time
DIAG Pass 8:37am
AIR BLK .00 8:38am
ACCY CHK .08 8:39am
AIR BLK .00 8:40am
SUB TEST .00 8:40am
AIR BLK .00 8:41am
SUB TEST .00 8:43am
AIR BLK .00 8:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**DURHAM COUNTY DURHAM COUNTY JAIL 310**

Serial Number: 008891  
Test Record Number: 2396  
Test Date: 08/23/2013  
Test Time: 8:45am EDT

System Check: Passed

#### Baseline Tests

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#### Temperature Tests

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#### Printer Tests

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#### CRC Tests

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<tr>
<td>CAL</td>
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<td>8:47am</td>
</tr>
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</table>

Preventive Maintenance Status: Pass

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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 Durham Instrument Location Durham Co. Jail

Instrument Serial No. 008878 275 S. Margum 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 displays time and date;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 23 day of August, 2013, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

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

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878
Test Date: 08/23/2013

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: QUARANTELO, NICHOLAS J
Permit Number: 21536E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG317801
Exp Date: 06/27/2015

Test g/210L Time

DIAG Pass 8:34am
AIR BLK .00 8:35am
ACCY CHK .07 8:36am
AIR BLK .00 8:37am
SUB TEST .00 8:37am
AIR BLK .00 8:38am
SUB TEST .00 8:40am
AIR BLK .00 8:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878    Test Record Number: 2487
Test Date: 08/23/2013    Test Time: 8:42am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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</tr>
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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 23rd day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Certificate Number

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

**DURHAM COUNTY DURHAM COUNTY JAIL 310**

Serial Number: 008859  
Test Date: 08/23/2013

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

Analyst's Name: QUARANTELLO, NICHOLAS J  
Permit Number: 21536E  
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG317801  
Exp Date: 06/27/2015

<table>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:33am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>8:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>8:34am</td>
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<tr>
<td>SUB TEST</td>
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**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

**Court CVR**

---

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

**DURHAM COUNTY DURHAM COUNTY JAIL 310**

Serial Number: 008859    Test Record Number: 1493
Test Date: 08/23/2013    Test Time: 8:40am EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
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<td>8:41am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:41am</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: NACIE  Instrument Location: DETENTION CENTER

Instrument Serial No. 008615  3301 HAMMOND RD, RALEIGH, N.C.

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

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

I certify that on the 28th day of AUGUST, 2013, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008615
Test Date: 08/22/2013

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

Analyst's Name: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG206602
Exp Date: 03/06/2014

Test  g/210L  Time
DIAG  Pass  1:19pm
AIR BLK .00  1:20pm
ACCY CHK .07  1:21pm
AIR BLK .00  1:22pm
SUB TEST .00  1:22pm
AIR BLK .00  1:23pm
SUB TEST .00  1:25pm
AIR BLK .00  1:26pm

Reported AC: .00  g/210L

Signature of Chemical Analyst

Court CVR

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: 008615      Test Record Number: 3818
Test Date: 08/22/2013      Test Time: 1:28pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>SRC</td>
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<tr>
<td>DET</td>
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<td>1:29pm</td>
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<tr>
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<td>1:29pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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Preventive Maintenance Status: Pass

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

__Signature of Certifying Official__

Certification Number: __652__

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

**WAKE COUNTY DETENTION CENTER 910**

- **Serial Number:** 008686
- **Test Date:** 08/22/2013

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

- **Analyst's Name:** QUARANTELLO, NICHOLAS J
- **Permit Number:** 21536E
- **Effective:** 08/01/2013-08/01/2015

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

- **Lot Number:** AG308002
- **Exp Date:** 03/21/2015

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<td>AIR BLK</td>
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**Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

**Court CVR**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686    Test Record Number: 4841
Test Date: 08/22/2013    Test Time: 1:20pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: WAKE
Instrument Location: DETENTION CENTER

Instrument Serial No. 338206
3301 HAMMOND RD., RALEIGH, N.C.

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

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

I certify that on the 22 day of August, 2013, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

WAKE COUNTY DETENTION CENTER 910
Serial Number: 008826
Test Date: 08/22/2013
Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG317801
Exp Date: 06/27/2015

<table>
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<td>ACCY CHK</td>
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<td>SUB TEST</td>
<td>.00</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**WAKE COUNTY DETENTION CENTER 910**  
Serial Number: 008826  Test Record Number: 6099  
Test Date: 08/22/2013  Test Time: 1:10pm EDT  
System Check: Passed

### Baseline Tests

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<td>FC</td>
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### Temperature Tests

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<tbody>
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<tr>
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### Printer Tests

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### CRC Tests

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<td>CAL</td>
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</table>

**Preventive Maintenance**  
Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location DEPARTMENT CENTER

Instrument Serial No. 00816 3321 HAMMOND RD. RALEIGH, NC

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

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

I certify that on the 22 day of AUGUST, 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816
Test Date: 08/22/2013

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

Analyst's Name: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG317801
Exp Date: 06/27/2015

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<tr>
<td>AIR BLK</td>
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<td>ACCY CHK</td>
<td>0.08</td>
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<td>AIR BLK</td>
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<td>12:58pm</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
<td>0.00</td>
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Reported AC: 0.00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008816    Test Record Number: 5853
Test Date: 08/22/2013    Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Alamance Instrument Location Alamance Co Jail

Instrument Serial No. 00 8853 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 28th day of August, 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853
Test Date: 08/28/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 12/01/2012-12/01/2014

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

Lot Number: AG322601
Exp Date: 08/14/2015

Test g/210L Time

DIAG Pass 7:15pm
AIR BLK .00 7:16pm
ACCY CHK .08 7:17pm
AIR BLK .00 7:18pm
SUB TEST .00 7:18pm
AIR BLK .00 7:19pm
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**

**ALAMANCE COUNTY ALAMANCE CO. JAIL 000**

Serial Number: 008653    Test Record Number: 1214  
Test Date: 08/28/2013    Test Time: 7:23pm EDT

System Check: Passed

**Baseline Tests**

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<td>FC</td>
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**Temperature Tests**

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<td>DET</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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Preventive Maintenance
Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Alamance  Instrument Location Alamance Co. Jail
Instrument Serial No. 008913  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 27th day of August, 2013, 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: [Number]

A signed original of 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: 08/27/2013

Citation Number: M0000000-0
Subject’s Name: PREVENTIVE, MAINTENANCE
Subject’s Date of Birth: 11/11/1911
Subject’s Sex: Male
Driver’s License State: NC
Driver’s License Number: Unknown

Analyst’s Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 12/01/2012-12/01/2014

Officer’s Name: FARLEY, CYNTHIA D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602
Exp Date: 03/06/2014

Test g/210L Time

DIAG Pass 10:14am
AIR BLK .00 10:15am
ACCY CHK .08 10:16am
AIR BLK .00 10:17am
SUB TEST .00 10:18am
AIR BLK .00 10:19am
SUB TEST .00 10:21am
AIR BLK .00 10:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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: 1736
Test Date: 08/27/2013    Test Time: 10:25am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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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: Alamance Instrument Location: Burlington PD
Instrument Serial No.: 008907 267 W. Front St. Burlington NC

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

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

I certify that on the 27th day of August, 2013 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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907
Test Date: 08/27/2013

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: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

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

Lot Number: AG320602
Exp Date: 07/25/2015

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<tr>
<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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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**

**ALAMANCE COUNTY BURLINGTON PD 000**

Serial Number: 008907  Test Record Number: 543  
Test Date: 08/27/2013  Test Time: 11:29am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance  
Status: Pass

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

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

I certify that on the 27th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812
Test Date: 08/27/2013

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: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective: 12/01/2012-12/01/2014

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

Lot Number: AG206602
Exp Date: 03/06/2014

Test     g/210L   Time

DIAG     Pass    11:32am
AIR BLK  .00    11:32am
ACCY CHK .07    11:33am
AIR BLK  .00    11:34am
SUB TEST .00    11:34am
AIR BLK  .00    11:35am
SUB TEST .00    11:37am
AIR BLK  .00    11:38am

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

ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812    Test Record Number: 1725
Test Date: 08/27/2013    Test Time: 11:43am EDT

System Check: Passed

Baseline Tests

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<td>11:43am</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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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 ORANGE Instrument Location BATMOBILE UNIT 5

Instrument Serial No. 068600 Chapel Hill

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

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

DHHS 4080 (11/07)
## System Check: Passed

### Baseline Tests

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### Printer Tests

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### CRC Tests

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Preventive Maintenance Status: Pass

---

**This form is used when performing Preventive Maintenance procedures**

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
Intox EC/IR-II: Subject Test

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008600
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203102
Exp Date: 01/31/2014

Test g/210L Time
DIAG Pass 10:51pm
AIR BLK .00 10:52pm
ACCY CHK .08 10:52pm
AIR BLK .00 10:53pm
SUB TEST .00 10:54pm
AIR BLK .00 10:55pm
SUB TEST .00 10:56pm
AIR BLK .00 10:57pm

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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ORANGE Instrument Location BAT MOBILE UNIT No. 5

Instrument Serial No. 005678 CHAPEL HILL

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
System Check: Passed

Baseline Tests
Test     Status     Time
IR       Pass        11:16pm
FLO      Pass        11:16pm
FC       Pass        11:16pm

Temperature Tests
Test     Status     Time
FC1      Pass        11:16pm
SRC      Pass        11:16pm
DBT      Pass        11:16pm
BAR      Pass        11:16pm
BT       Pass        11:16pm

Blank Tests
Test     Status     Time
AIR      Pass        11:17pm

Printer Tests
Test     Status     Time
PRNT     Pass        11:17pm

CRC Tests
Test     Status     Time
COMP     Pass        11:17pm
CAL      Pass        11:17pm

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 BC/IR-II: Subject Test

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008698
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time
DIAG Pass 10:58pm
AIR BLK .00 10:59pm
ACCY CHK .07 11:00pm
AIR BLK .00 11:01pm
SUB TEST .00 11:01pm
AIR BLK .00 11:02pm
SUB TEST .00 11:06pm
AIR BLK .00 11:07pm

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788  Test Record Number: 849
Test Date: 08/24/2013  Test Time: 11:03pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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

ORANGE COUNTY BAT MOBILE UNIT 5 670

Serial Number: 008788  
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G  
Permit Number: 9372E  
Effective:  
10/01/2011-10/01/2013

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

Lot Number: AG309101  
Exp Date: 04/01/2015

Test  g/210L  Time
DIAG  Pass  10:52pm
AIR BLK .00  10:53pm
ACCY CHK .07  10:53pm
AIR BLK .00  10:54pm
SUB TEST .00  10:55pm
AIR BLK .00  10:56pm
SUB TEST .00  10:57pm
AIR BLK .00  10:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Davidson  Instrument Location: Thomasville

Instrument Serial No. 008872  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 26 day of August, 2013 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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872
Test Date: 08/26/2013

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 06/01/2013-06/01/2015

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

Lot Number: AG320602
Exp Date: 07/25/2015

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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872    Test Record Number: 1047
Test Date: 08/26/2013    Test Time: 1:30pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<td>CAL</td>
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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 Davidson  
Instrument Location Lexington  
Instrument Serial No. 008883  
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 26 day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of 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 LEXINGTON PD 280

Serial Number: 008883
Test Date: 08/26/2013

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

Analyst's Name: DEAN, L K
 Permit Number: 11598E
  Effective:
  06/01/2013-06/01/2015

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

Lot Number: AG320602
Exp Date: 07/25/2015

Test g/210L Time

DIAG Pass 2:16pm
AIR BLK .00 2:16pm
ACCY CHK .08 2:17pm
AIR BLK .00 2:18pm
SUB TEST .00 2:19pm
AIR BLK .00 2:20pm
SUB TEST .00 2:21pm
AIR BLK .00 2:22pm

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 LEXINGTON PD 280

Serial Number: 008883    Test Record Number: 1184
Test Date: 08/26/2013    Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
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<tbody>
<tr>
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<tr>
<td>FLO</td>
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<td>2:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
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</table>

Temperature Tests

<table>
<thead>
<tr>
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<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
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</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
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<tr>
<td>DBT</td>
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<td>2:23pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
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<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
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CRC Tests

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:24pm</td>
</tr>
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</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 26th day of August, 2013 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
Intox EC/IR-II: Subject Test

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845
Test Date: 08/26/2013

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG320602
Exp Date: 07/25/2015

Test  g/210L  Time
DIAG  Pass  2:50pm
AIR BLK .00  2:51pm
ACCY CHK .08  2:52pm
AIR BLK .00  2:53pm
SUB TEST .00  2:54pm
AIR BLK .00  2:55pm
SUB TEST .00  2:56pm
AIR BLK .00  2:57pm

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**

**DAVIDSON COUNTY DAVIDSON CO JAIL 280**

Serial Number: 008845  Test Record Number: 1498
Test Date: 08/26/2013  Test Time: 2:57pm EDT

System Check: Passed

**Baseline Tests**

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<td>2:58pm</td>
</tr>
<tr>
<td>FC</td>
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**Temperature Tests**

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<thead>
<tr>
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<tbody>
<tr>
<td>FC1</td>
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<td>SRC</td>
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<td>DET</td>
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<td>2:58pm</td>
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<tr>
<td>BT</td>
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**Blank Tests**

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<td>AIR</td>
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**Printer Tests**

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**CRC Tests**

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:59pm</td>
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</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location B07/110/16/66/7
Instrument Serial No. 208612 R0654

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 JUNE, 2013, 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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612    Test Record Number: 1378
Test Date: 08/24/2013    Test Time: 1:02am EDT

System Check: Passed

Baseline Tests

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<td>1:02am</td>
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<tr>
<td>FC</td>
<td>Pass</td>
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Temperature Tests

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<td>SRC</td>
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<td>BAR</td>
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<td>1:03am</td>
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<tr>
<td>BT</td>
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<td>1:03am</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:04am</td>
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Preventive Maintenance
Status: Pass

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008612
Test Date: 08/24/2013

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: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG303502
Exp Date: 02/04/2015

Test | g/210L | Time
---- | ------ | ----
DIAG | Pass | 12:39am
AIR BLK | .00 | 12:40am
ACCY CHK | .07 | 12:40am
AIR BLK | .00 | 12:41am
SUB TEST | .00 | 12:42am
AIR BLK | .00 | 12:43am
SUB TEST | .00 | 12:44am
AIR BLK | .00 | 12:45am

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: Watauga  Instrument Location: MUSEUM

Instrument Serial No.: 008734

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

**WAKE COUNTY BAT MOBILE UNIT 7 910**

Serial Number: 008734  Test Record Number: 715  
Test Date: 08/24/2013  Test Time: 12:51am EDT

System Check: Passed

### Baseline Tests

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<td>FC</td>
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### Temperature Tests

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### Printer Tests

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### CRC Tests

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</tr>
<tr>
<td>CAL</td>
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Preventive Maintenance  
Status: Pass

---

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008734
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

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

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

<table>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:36am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:37am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

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

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

I certify that on the 24th day of AUGUST, 2013, 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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704        Test Record Number: 159
Test Date: 08/24/2013       Test Time: 1:37am EDT

System Check: Passed

Baseline Tests

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<th>Status</th>
<th>Time</th>
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<tbody>
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<td>FLO</td>
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<td>1:37am</td>
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<tr>
<td>FC</td>
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Temperature Tests

<table>
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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
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<td>SRC</td>
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<td>DET</td>
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<td>1:38am</td>
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<tr>
<td>BAR</td>
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<td>1:38am</td>
</tr>
<tr>
<td>BT</td>
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Blank Tests

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<th>Status</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>AIR</td>
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Printer Tests

<table>
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<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<th>Time</th>
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<tbody>
<tr>
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<tr>
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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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008704
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG309101
Exp Date: 04/01/2015

Test g/210L Time
DIAG Pass 1:13am
AIR BLK .00 1:14am
ACCY CHK .08 1:15am
AIR BLK .00 1:16am
SUB TEST .00 1:17am
AIR BLK .00 1:17am
SUB TEST .00 1:19am
AIR BLK .00 1:20am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

I certify that on the 24th day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760  Test Record Number: 488
Test Date: 08/24/2013  Test Time: 1:22am EDT

System Check: Passed

Baseline Tests

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<td>1:22am</td>
</tr>
<tr>
<td>FC</td>
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Temperature Tests

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<th>Status</th>
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</tr>
</thead>
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<td>1:22am</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008760
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time

- DIAG Pass 1:12am
- AIR BLK .00 1:13am
- ACCY CHK .07 1:14am
- AIR BLK .00 1:15am
- SUB TEST .00 1:16am
- AIR BLK .00 1:17am
- SUB TEST .00 1:19am
- AIR BLK .00 1:19am

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 WAKE Instrument Location 7

Instrument Serial No. 005577

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24th day of AUGUST, 2012 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577    Test Record Number: 897
Test Date: 08/24/2013    Test Time: 2:40am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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</table>

Preventive Maintenance

Status: Pass

Analysis

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

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008577
Test Date: 08/24/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG305202
Exp Date: 02/21/2015

Test g/210L Time

DIAG Pass 2:26am
AIR BLK .00 2:27am
ACCY CHK .07 2:28am
AIR BLK .00 2:29am
SUB TEST .00 2:30am
AIR BLK .00 2:31am
SUB TEST .00 2:32am
AIR BLK .00 2:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cherokee
Instrument Location Cherokee Co. Jail

Instrument Serial No. 008711
Murphy, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14th day of August, 2013, 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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711
Test Date: 08/14/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 8457B
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG300202
Exp Date: 01/02/2015

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<td>SUB TEST</td>
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<td>AIR BLK</td>
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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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711  Test Record Number: 613
Test Date: 08/14/2013  Test Time: 11:28am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

---

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

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Cherokee Instrument Location Cherokee Co. Jail

Instrument Serial No. 008622 Murphy, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14 day of August 2013 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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008622
Test Date: 08/14/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG300202
Exp Date: 01/02/2015

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008622 Test Record Number: 844
Test Date: 08/14/2013 Test Time: 11:27am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
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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 Haywood  Instrument Location Haywood Co. Jail

Instrument Serial No. 008772 Waynesville, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712
Test Date: 08/13/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG205401
Exp Date: 02/23/2014

Test | g/210L | Time
--- | --- | ---
DIAG | Pass | 1:15pm
AIR BLK | .00 | 1:16pm
ACCY CHK | .08 | 1:16pm
AIR BLK | .00 | 1:17pm
SUB TEST | .00 | 1:18pm
AIR BLK | .00 | 1:19pm
SUB TEST | .00 | 1:21pm
AIR BLK | .00 | 1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[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**

**HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430**

Serial Number: 009712    Test Record Number: 1417    Test Date: 08/13/2013    Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>1:29pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:29pm</td>
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Temperature Tests

<table>
<thead>
<tr>
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<th>Status</th>
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<tbody>
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<td>DET</td>
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<td>1:29pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

[Signature]

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Haywood  Instrument Location: Haywood Co. Jail
Instrument Serial No.: 008714  Waynesville, NC

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

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

I certify that on the 13 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714
Test Date: 08/13/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG203103
Exp Date: 01/31/2014

Test g/210L Time

DIAG Pass 1:17pm
AIR BLK .00 1:18pm
ACCY CHK .07 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

[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**

*HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430*

Serial Number: 008714    Test Record Number: 882
Test Date: 08/13/2013    Test Time: 1:28pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
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**Preventive Maintenance**

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Transylvania  Instrument Location: Transylvania Co. Jail

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008820
Test Date: 08/02/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG315701
Exp Date: 06/06/2015

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<td>AIR BLK</td>
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<td>AIR BLK</td>
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<tr>
<td>AIR BLK</td>
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<tr>
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<tr>
<td>AIR BLK</td>
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</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

*TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870*

Serial Number: 008820    Test Record Number: 654
Test Date: 08/02/2013    Test Time: 12:08pm EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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<td>12:09pm</td>
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**Printer Tests**

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**CRC Tests**

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</table>

**Preventive Maintenance**

**Status: Pass**

---

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

---

*Analyst:*

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Transylvania
Instrument Location Transylvania Co. Jail

Instrument Serial No. 008609 Brevard, NC

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

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

I certify that on the 2 day of August, 2015 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008609
Test Date: 08/02/2013

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG300202
Exp Date: 01/02/2015

Test g/210L Time

DIAG Pass 11:56am
AIR BLK .00 11:57am
ACCY CHK .08 11:58am
AIR BLK .00 11:58am
SUB TEST .00 11:59am
AIR BLK .00 12:00pm
SUB TEST .00 12:01pm
AIR BLK .00 12:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 006609    Test Record Number: 520
Test Date: 08/02/2013    Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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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 18th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008600    Test Record Number: 1264
Test Date: 08/18/2013    Test Time: 12:44am EDT

System Check: Passed

#### Baseline Tests

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#### Temperature Tests

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#### CRC Tests

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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

WAKE COUNTY BAT MOBILE UNIT 5 93.0

Serial Number: 008600
Test Date: 08/18/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

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

Lot Number: AG203102
Exp Date: 01/31/2014

Test     g/210L   Time

DIAG     Pass     12:32am
AIR BLK  .00      12:34am
ACCY CHK .08      12:34am
AIR BLK  .00      12:35am
SUB TEST .00      12:38am
AIR BLK  .00      12:39am
SUB TEST .00      12:40am
AIR BLK  .00      12:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake
Instrument Location: BAT Mobile Unit 5
Instrument Serial No.: 008698

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2013, 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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698    Test Record Number: 989
Test Date: 08/18/2013    Test Time: 12:58am EDT

System Check: Passed

Baseline Tests

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<td>12:58am</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>12:58am</td>
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Temperature Tests

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<tbody>
<tr>
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<td>12:58am</td>
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Blank Tests

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Printer Tests

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CRC Tests

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</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 BC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 08/18/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202
Exp Date: 02/21/2015

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<td>ACCY CHK</td>
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<td>12:51am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

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

I certify that on the 18th day of August, 2012, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008788  Test Record Number: 846  
Test Date: 08/18/2013  Test Time: 12:45am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

---

**Analyst**

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 08/18/2013

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

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

Lot Number: AG123502
Exp Date: 08/23/2013

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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

I certify that on the 13th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

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

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928
Test Date: 08/13/2013

Citation Number: 00000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG206603
Exp Date: 03/06/2014

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sign

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

**BEAUFORT COUNTY BELHAVEN PD 060**

Serial Number: 003820  Test Record Number: 199  
Test Date: 08/13/2013  Test Time: 12:25pm EDT

System Check: Passed  

Baseline Tests  

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Temperature Tests  

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Blank Tests  

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Printer Tests  

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CRC Tests  

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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 Gates Instrument Location Gates 0.5.0.  
Instrument Serial No. 008884 202 Court St. Gatesville, NC.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23rd day of August, 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official

Certificate Number

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

**GATES COUNTY GATES CO SO 360**

Serial Number: 008884  
Test Date: 08/23/2013

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

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG320602  
Exp Date: 07/25/2015

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

Signature of Chemical Analyst

Court CVR

---

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

GATES COUNTY GATES CO SO 360

Serial Number: 008884    Test Record Number: 521
Test Date: 08/23/2013    Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Currituck
Instrument Location: Currituck Co. S.O.
Instrument Serial No.: 008547
407 A Maple Rd., Maple, NC

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

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

I certify that on the 21st day of August, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**CURRITUCK COUNTY CURRITUCK SO-MAPLE**

260

Serial Number: 008947  
Test Date: 08/21/2013

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

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG204602  
Exp Date: 02/15/2014

<table>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:56pm</td>
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<td>SUB TEST</td>
<td>.00</td>
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<td>AIR BLK</td>
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<td>12:59pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:00pm</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

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947    Test Record Number: 1336
Test Date: 08/21/2013    Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

<table>
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Temperature Tests

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Blank Tests

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<tbody>
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Printer Tests

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<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:05pm</td>
</tr>
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</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 28th day of August, 2013, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

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

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

JOHNSTON COUNTY SELMA PD 500

Serial Number: 008595
Test Date: 08/22/2013

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective: 08/01/2013-08/01/2015

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

Lot Number: AG317801
Exp Date: 06/27/2015

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<tr>
<td>ACCY CHK</td>
<td>.07</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:29am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30am</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>10:32am</td>
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<tr>
<td>AIR BLK</td>
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<td>10:33am</td>
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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

JOHNSON COUNTY SELMA PD 500

Serial Number: 008595    Test Record Number: 678
Test Date: 08/22/2013    Test Time: 10:33am EDT

System Check: Passed

Baseline Tests

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<td>10:34am</td>
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<tr>
<td>FC</td>
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Temperature Tests

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<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
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<td>SRC</td>
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<td>10:34am</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:35am</td>
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</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: Johnston
Instrument Location: Clayton Police Dept.

Instrument Serial No.: 008658

Clayton, 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 81st day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658
Test Date: 08/21/2013

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG206103
Exp Date: 03/01/2014

Test    g/210L    Time
DIAG    Pass    9:05am
AIR BLK .00    9:05am
ACCY CHK .08    9:06am
AIR BLK .00    9:07am
SUB TEST .00    9:07am
AIR BLK .00    9:08am
SUB TEST .00    9:10am
AIR BLK .00    9:10am

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**

**JOHNSON COUNTY CLAYTON PD. 500**

Serial Number: 008658  Test Record Number: 934
Test Date: 08/21/2013  Test Time: 9:12am EDT

System Check: Passed

**Baseline Tests**

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<td>FC</td>
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**Temperature Tests**

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<tr>
<td>FC1</td>
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<td>DET</td>
<td>Pass</td>
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<td>9:13am</td>
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<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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<tbody>
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**CRC Tests**

<table>
<thead>
<tr>
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<th>Time</th>
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<tbody>
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<tr>
<td>CAL</td>
<td>Pass</td>
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</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 RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Montgomery Instrument Location Montgomery Co. Jail
Instrument Serial No. 008709 Troy NC

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

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

I certify that on the 19 day of August 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

371
Certificate Number

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

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709
Test Date: 08/19/2013

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 09/01/2011-09/01/2013

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

Lot Number: AG300202
Exp Date: 01/02/2015

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610**

Serial Number: 008709    Test Record Number: 785
Test Date: 08/19/2013    Test Time: 4:17pm EDT

**System Check: Passed**

**Baseline Tests**

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<td>FC</td>
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<td>4:18pm</td>
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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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</table>

**Preventive Maintenance**

Status: Pass

---

**This form is used when performing Preventive Maintenance procedures**

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MONTGOMERY  Instrument Location Montgomery Co JAIL

Instrument Serial No. 008721  TROY, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 19 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 371

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

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008721
Test Date: 08/19/2013

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

Analyst's Name: RUSSELL, LARRY H
 Permit Number: 0610BE
 Effective:
  09/01/2011-09/01/2013

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

Lot Number: AG206603
Exp Date: 03/06/2014

Test     g/210L     Time
DIAG     Pass     4:06pm
AIR BLK  .00     4:07pm
ACCY CHK .08     4:07pm
AIR BLK  .00     4:08pm
SUB TEST .00     4:09pm
AIR BLK  .00     4:10pm
SUB TEST .00     4:12pm
AIR BLK  .00     4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610**

Serial Number: 008721  Test Record Number: 839  
Test Date: 08/19/2013  Test Time: 4:14pm EDT

System Check: Passed

### Baseline Tests

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### Temperature Tests

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### CRC Tests

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Preventive Maintenance Status: Pass

---

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

---

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

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

I certify that on the 19 day of August, 2013 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**

**ANSON COUNTY ANSON COUNTY SO. 030**

- **Serial Number:** 008597
- **Test Date:** 08/19/2013

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

- **Analyst's Name:** RUSSELL, LARRY H  
- **Permit Number:** 06108E  
  **Effective:** 09/01/2011-09/01/2013

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

- **Lot Number:** AG309105  
- **Exp Date:** 04/01/2015

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

**Signature of Chemical Analyst**

**Court CVR**

---

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

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597    Test Record Number: 1039
Test Date: 08/19/2013    Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County ANSON Instrument Location ANSON CO Sheriffs Office

Instrument Serial No. 00 8737 WADESBORO

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

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

I certify that on the 19 day of AUGUST, 2013 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

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739
Test Date: 08/19/2013

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG308702
Exp Date: 03/28/2015

Test    g/210L    Time

DIAG    Pass    1:07pm
AIR BLK .00    1:07pm
ACCY CHK .07    1:08pm
AIR BLK .00    1:09pm
SUB TEST .00    1:09pm
AIR BLK .00    1:10pm
SUB TEST .00    1:12pm
AIR BLK .00    1:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

Baseline Tests

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Temperature Tests

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<td>DET</td>
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Printer Tests

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CRC Tests

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<td>CAL</td>
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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 Rowan Instrument Location Chinagrove
Instrument Serial No. 008862 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 ___ day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official Certificate Number

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

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

ROWAN COUNTY CHINA GROVE PD 790

Serial Number: 008862  
Test Date: 08/07/2013

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

Analyst's Name: DEAN, L K  
 Permit Number: 11598E  
Effective: 06/01/2013-06/01/2015

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

Lot Number: AG203902  
 Exp Date: 02/08/2014

Test  g/210L  Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[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**

**ROWAN COUNTY CHINA GROVE PD 790**

Serial Number: 008862    Test Record Number: 359
Test Date: 08/07/2013    Test Time: 12:13pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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**Preventive Maintenance**

Status: Pass

Analysis

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. 009638

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008638
Test Date: 08/20/2013

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG303502
Exp Date: 02/04/2015

Test g/210L Time
DIAG Pass 3:10pm
AIR BLK .00 3:11pm
ACCY CHK .07 3:12pm
AIR BLK .00 3:13pm
SUB TEST .00 3:13pm
AIR BLK .00 3:14pm
SUB TEST .00 3:16pm
AIR BLK .00 3:17pm

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 GREENSBORO JAIL 400**

Serial Number: 008638    Test Record Number: 1091
Test Date: 08/20/2013    Test Time: 3:17pm EDT

System Check: **Passed**

### Baseline Tests

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### Temperature Tests

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### Printer Tests

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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:19pm</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 Jail

Instrument Serial No. 008790

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790
Test Date: 08/20/2013

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG315701
Exp Date: 06/06/2015

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<tr>
<td>AIR BLK .00</td>
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<tr>
<td>ACCY CHK .08</td>
<td>3:41pm</td>
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<tr>
<td>AIR BLK .00</td>
<td>3:42pm</td>
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<td>SUB TEST .00</td>
<td>3:42pm</td>
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<td>SUB TEST .00</td>
<td>3:45pm</td>
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<td>AIR BLK .00</td>
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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 JAIL 400

Serial Number: 008790    Test Record Number: 3793
Test Date: 08/20/2013    Test Time: 3:46pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>3:47pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
<tr>
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</tr>
<tr>
<td>CAL</td>
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<td>3:47pm</td>
</tr>
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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. 008794

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of August 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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: 08/20/2013

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

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

Lot Number: AG309105
Exp Date: 04/01/2015

Test g/210L Time
---
DIAG Pass 4:05pm
AIR BLK .00 4:05pm
ACCY CHK .07 4:06pm
AIR BLK .00 4:07pm
SUB TEST .00 4:09pm
AIR BLK .00 4:10pm
SUB TEST .00 4:12pm
AIR BLK .00 4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---
Analyst

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

**GUILFORD COUNTY GREENSBORO JAIL 400**

Serial Number: 008794    Test Record Number: 2967
Test Date: 08/20/2013    Test Time: 4:13pm EDT

**System Check: Passed**

**Baseline Tests**

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<td>4:14pm</td>
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<tr>
<td>FC</td>
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**Temperature Tests**

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<td>DBT</td>
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<td>4:14pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:15pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location APEX P.S.S. #4

Instrument Serial No. 008621 1615 E. WILLIAMS ST. APEX, 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 19 day of AUGUST 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

WAKE COUNTY APEX PD
Serial Number: 008621
Test Date: 08/19/2013
Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

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

Lot Number: AG205401
Exp Date: 02/23/2014

<table>
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<tr>
<td>AIR BLK</td>
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</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:28am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:32am</td>
</tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAKE COUNTY APEX PD
Serial Number: 008621 Test Record Number: 1381
Test Date: 08/19/2013 Test Time: 9:34am EDT
System Check: Passed

Baseline Tests

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<td>9:34am</td>
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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

Analyist

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

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

I certify that on the 2nd day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

656
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706
Test Date: 08/02/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102
Exp Date: 01/31/2014

Test       g/210L       Time
DIAG       Pass         3:17pm
AIR BLK .00   .00         3:19pm
ACCY CHK .08   3:19pm
AIR BLK .00   3:20pm
SUB TEST .00   3:21pm
AIR BLK .00   3:22pm
SUB TEST .00   3:23pm
AIR BLK .00   3:24pm

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706    Test Record Number: 29
Test Date: 08/02/2013    Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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</thead>
<tbody>
<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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 SD
Instrument Serial No.: 008590
30 Cordova Ave, Concord
704-980-2000

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 August, 2013, 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 SD 120

Serial Number: 008590
Test Date: 08/12/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG202602
Exp Date: 01/26/2014

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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590    Test Record Number: 2148
Test Date: 08/12/2013    Test Time: 12:30pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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CRC Tests

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<td>CAL</td>
<td>Pass</td>
<td>12:32pm</td>
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</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 Catawba Instrument Location Hickory PD

Instrument Serial No. 008841 347 2nd Ave. SW Hickory
828-324-2060

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841
Test Date: 08/13/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303502
Exp Date: 02/04/2015

Test g/210L Time
DIAG Pass 12:21pm
AIR BLK .00 12:22pm
ACCY CHK .08 12:22pm
AIR BLK .00 12:24pm
SUB TEST .00 12:24pm
AIR BLK .00 12:25pm
SUB TEST .00 12:27pm
AIR BLK .00 12:27pm

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 1273
Test Date: 08/13/2013 Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>BAR</td>
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Printer Tests

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CRC Tests

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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: Catawba
Instrument Location: Catawba County SD
Instrument Serial No.: 008821
100 B Southwest Blvd, Newton
828-464-5241

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

Serial Number: 008821
Test Date: 08/13/2013

Citation Number: M0000000-0

Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102
Exp Date: 01/31/2014

Test g/210L Time

DIAG Pass 1:34pm
AIR BLK .00 1:35pm
ACCY CHK .07 1:35pm
AIR BLK .00 1:36pm
SUB TEST .00 1:37pm
AIR BLK .00 1:37pm
SUB TEST .00 1:39pm
AIR BLK .00 1:40pm

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**

**CATAMBA COUNTY CATAMBA COUNTY SD 170**

Serial Number: 008821  Test Record Number: 1071  Test Date: 08/13/2013  Test Time: 1:41pm EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
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</table>

**Preventive Maintenance Status: Pass**

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This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Catawba Instrument Location Catawba County SD

Instrument Serial No. 008687 100 B Southwest Blvd., Newton

828-464-5241

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687
Test Date: 08/13/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102
Exp Date: 01/31/2014

<table>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox EC/IR-II: Preventive Maintenance

**CATAWBA COUNTY CATAWBA COUNTY SD 170**

Serial Number: 008687  
Test Record Number: 1701  
Test Date: 08/13/2013  
Test Time: 1:40pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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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 Belmont PD

Instrument Serial No. 08733 201 Chronicle Street, Belmont
704-825-3792

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 13th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733
Test Date: 08/13/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102
Exp Date: 01/31/2014

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<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

GASTON COUNTY BELMONT PD 350

Serial Number: 008733    Test Record Number: 771
Test Date: 08/13/2013    Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  SCOTLAND  Instrument Location  SCOTLAND Co. Sheriffs Office

Instrument Serial No.  008861  LAURINBURG No.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the  09  day of  AUGUST  , 2013  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  371

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861
Test Date: 08/09/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG205402
Exp Date: 02/23/2014

Test g/210L Time

DIAG Pass 3:57pm
AIR BLK .00 3:58pm
ACCY CHK .08 3:59pm
AIR BLK .00 4:00pm
SUB TEST .00 4:00pm
AIR BLK .00 4:01pm
SUB TEST .00 4:03pm
AIR BLK .00 4:04pm

Reported As: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

SCOTLAND COUNTY SHERIFF'S OFFICE 820

Serial Number: 008861    Test Record Number: 812
Test Date: 08/09/2013    Test Time: 4:05pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County SCOTLAND Instrument Location LAURINBURG Police Dept

Instrument Serial No. 008834 LAURINBURG AD

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of AUGUST, 2013, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

*SCOTLAND COUNTY LAURINBURG PD. 820*

Serial Number: 008834  
Test Date: 08/09/2013

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG317801  
Exp Date: 06/27/2015

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:14pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
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<td>AIR BLK</td>
<td>.00</td>
<td>3:16pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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Reported AC: .00 g/210L

*Signature of Chemical Analyst*

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
**Intox EC/IR-II: Preventive Maintenance**

*SCOTLAND COUNTY LAURINBURG PD. 820*

Serial Number: 008834  Test Record Number: 544  
Test Date: 08/09/2013  Test Time: 3:25pm EDT

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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<tr>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>CAL</td>
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**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 09 day of AUGUST, 20 13 the forgoing preventive maintenance procedures were performed on the 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: RICHMOND Instrument Location: Richmond C. Magistrates Office

Instrument Serial No: 008701 Rockingham NC

Signature of Certifying Official

Certificate Number 371

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

RICHMOND COUNTY RICHMOND CO. MAG OFF
760

Serial Number: 008701
Test Date: 08/09/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG300202
Exp Date: 01/02/2015

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<tr>
<td>ACCY CHK</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Record Number: 1016
Test Date: 08/09/2013 Test Time: 12:10pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  RICHMOND  Instrument Location  RICHMOND Co Magistrate's Office

Instrument Serial No. 002840  Rockingham NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of AUGUST, 2013 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

RICHMOND COUNTY RICHMOND CO. MAG OFF

Serial Number: 008840
Test Date: 08/09/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG300202
Exp Date: 01/02/2015

Test g/210L Time

DIAG Pass 12:02pm
AIR BLK .00 12:03pm
ACCY CHK .07 12:03pm
AIR BLK .00 12:04pm
SUB TEST .00 12:05pm
AIR BLK .00 12:06pm
SUB TEST .00 12:08pm
AIR BLK .00 12:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County       HARNETT           Instrument Location  HARNETT Co. DETENTION CTR.
Instrument Serial No.  008729       LILLINGTON NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of AUGUST, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  371

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

Harnett County Detention Center 420

Serial Number: 008729
Test Date: 08/07/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG300202
Exp Date: 01/02/2015

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:58pm</td>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729    Test Record Number: 1690
Test Date: 08/07/2013    Test Time: 2:18pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>DBT</td>
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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:20pm</td>
</tr>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County        HARNETT        Instrument Location        HARNETT CO. DET. CENTER
Instrument Serial No.  008730                LILLINGTON, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 07 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730
Test Date: 08/07/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206102
Exp Date: 03/01/2014

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<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### System Check: Passed

#### Baseline Tests

<table>
<thead>
<tr>
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<td>2:05pm</td>
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#### Temperature Tests

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<td>SRC</td>
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<tr>
<td>DET</td>
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#### Printer Tests

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#### CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 01 day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number
Intox EC/IR-II: Subject Test

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728
Test Date: 08/01/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204603
Exp Date: 02/15/2014

Test g/210L Time

DIAG Pass 3:16pm
AIR BLK .00 3:16pm
ACCY CHK .07 3:17pm
AIR BLK .00 3:18pm
SUB TEST .00 3:18pm
AIR BLK .00 3:19pm
SUB TEST .00 3:21pm
AIR BLK .00 3:22pm

Reported At: .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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728    Test Record Number: 231
Test Date: 08/01/2013    Test Time: 3:23pm EDT

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<th>Test</th>
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<tr>
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CRC Tests

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<tr>
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Preventive Maintenance Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: WAKE
Instrument Location: BAT MOBILE UNIT 5

Instrument Serial No: 008600

Wake Forest

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of AUGUST, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]
Certificate Number: 636

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Preventive Maintenance**

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008600    Test Record Number: 1253  
Test Date: 08/09/2013    Test Time: 10:29pm EDT

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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<tr>
<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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<tbody>
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**CRC Tests**

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<tbody>
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<td>CAL</td>
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Preventive Maintenance  
Status: Pass

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007

**Analyst**
INTOX EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 08/09/2013

Citation Number: MO000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102
Exp Date: 01/31/2014

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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 9th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698    Test Record Number: 980
Test Date: 08/09/2013    Test Time: 10:50pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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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 BC/IR-II: Subject Test**

**WAKE COUNTY BAT MOBILE UNIT 5 910**

- **Serial Number:** 008698
- **Test Date:** 08/09/2013
- **Citation Number:** M0000000-0
- **Subject's Name:** PREVENTIVE, MAINTENANCE
- **Subject's Date of Birth:** 11/11/1911
- **Subject's Sex:** Male
- **Driver's License State:** XX
- **Driver's License Number:** NONE

**Analyst's Name:** MORGART, STEPHEN G
- **Permit Number:** 9372E
- **Effective:** 10/01/2011-10/01/2013

**Officer's Name:** NONE, NONE
- **Type of Agency:** FTA
- **Agency:** DHHS
- **Test Type:** Breath Test

- **Lot Number:** AG305202
- **Exp Date:** 02/21/2015

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<tr>
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<tr>
<td>AIR BLK</td>
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<td>10:14pm</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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- **Reported AC:** .00 g/210L

**Signature of Chemical Analyst**

**Court CVR**

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wake
Instrument Location: Wake Forest
Instrument Serial No.: 008788

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788    Test Record Number: 836
Test Date: 08/09/2013    Test Time: 10:48pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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

Wake County Bat Mobile Unit 5 910

Serial Number: 008788
Test Date: 08/09/2013

Citation Number: M0000000-0
Subject's Name: Preventive, Maintenance
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: Morgart, Stephen G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013
Officer's Name:NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502
Exp Date: 08/23/2013

Test g/210L Time

- DIAG Pass 10:07pm
- AIR BLK .00 10:09pm
- ACCY CHK .07 10:10pm
- AIR BLK .00 10:11pm
- SUB TEST .00 10:12pm
- AIR BLK .00 10:14pm
- SUB TEST .00 10:15pm
- AIR BLK .00 10:15pm

Administered: .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 __________________________ Instrument Location __________________________

Instrument Serial No. ____________

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10 day of AUGUST, 2012 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official __________________________ Certificate Number 636

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600    Test Record Number: 1257
Test Date: 08/10/2013    Test Time: 9:16pm EDT

System Check: Passed

Baseline Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600
Test Date: 08/10/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102
Exp Date: 01/31/2014

Test g/210L Time
DIAG Pass 9:08pm
AIR BLK .00 9:09pm
ACCY CHK .07 9:09pm
AIR BLK .00 9:10pm
SUB TEST .00 9:11pm
AIR BLK .00 9:12pm
SUB TEST .00 9:14pm
AIR BLK .00 9:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  WAKE  Instrument Location  Erst Mibile Mavit

Instrument Serial No.  CO 8698

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 10th day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698    Test Record Number: 983
Test Date: 08/10/2013    Test Time: 9:28pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 08/10/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202
Exp Date: 02/21/2015

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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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  WAKE  Instrument Location  EST Mobile Unit

Instrument Serial No.  008788

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the  16th  day of  AUGUST , 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  John Doe  Certificate Number  038

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: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788    Test Record Number: 839
Test Date: 08/10/2013    Test Time: 9:21pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 08/10/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502
Exp Date: 08/23/2013

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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:12pm</td>
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<td>9:13pm</td>
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<tr>
<td>AIR BLK</td>
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<td>9:17pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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 1 day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740
Test Date: 08/01/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG300202
Exp Date: 01/02/2015

Test g/210L Time

DIAG Pass 11:54am
AIR BLK .00 11:55am
ACCY CHK .08 11:56am
AIR BLK .00 11:56am
SUB TEST .00 11:57am
AIR BLK .00 11:58am
SUB TEST .00 11:59am
AIR BLK .00 12:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740  Test Record Number: 440
Test Date: 08/01/2013  Test Time: 12:01pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: NASH
Instrument Location: Rocky Mount P.D.
Instrument Serial No.: 028741

#1 Government Plaza Rocky Mount, 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 1st day of AUGUST, 2013 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741
Test Date: 08/01/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELO, NICHOLAS J
Permit Number: 21536E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG317801
Exp Date: 06/27/2015

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741   Test Record Number: 1282
Test Date: 08/01/2013   Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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Printer Tests

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CRC Tests

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<td>COMP</td>
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<tr>
<td>CAL</td>
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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 NASH Instrument Location NASH Co. JAIL

Instrument Serial No. 008630 NASHVILLE, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 2 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630
Test Date: 08/02/2013

Citation Number: M0000000-0
Subject’s Name: PREVENTIVE, MAINTENANCE
Subject’s Date of Birth: 11/11/1911
Subject’s Sex: Male
Driver’s License State: XX
Driver’s License Number: NONE

Analyst’s Name: QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective: 09/01/2011-09/01/2013

Officer’s Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602
Exp Date: 03/06/2014

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 9:05am
AIR BLK .00 9:06am
SUB TEST .00 9:08am
AIR BLK .00 9:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
### Intox BC/IR-II: Preventive Maintenance

**Serial Number:** 008630  
**Test Record Number:** 2712

**Test Date:** 08/02/2013  
**Test Time:** 9:09am EDT

**System Check:** Passed

#### Baseline Tests

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#### Temperature Tests

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#### Printer Tests

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#### CRC Tests

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<tr>
<td>CAL</td>
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**Preventive Maintenance Status:** Pass

---

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County VANCE Instrument Location VANCE CO. SHERIFF DEPT

Instrument Serial No. 008937 150 CHURCH ST. HENDERSON, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
## Intox EC/IR-II: Preventive Maintenance

**VANCE COUNTY SHERIFF'S DEPARTMENT 900**

Serial Number: 008937  Test Record Number: 1513  
Test Date: 08/08/2013  Test Time: 10:09am EDT

**System Check: Passed**

### Baseline Tests

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### Temperature Tests

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### Printer Tests

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### CRC Tests

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**Preventive Maintenance**

Status: Pass

---

**Analyst**

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox BC/IR-II: Subject Test

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008937
Test Date: 08/08/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206103
Exp Date: 03/01/2014

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<td>ACCY CHK</td>
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<td>10:02am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 8 day of AUGUST, 2013 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

VANCE COUNTY SHERIFF'S DEPARTMENT 900

Serial Number: 008870
Test Date: 08/08/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206103
Exp Date: 03/01/2014

Test g/210L Time
DIAG Pass 9:55am
AIR BLK .00 9:56am
ACCY CHK .08 9:56am
AIR BLK .00 9:57am
SUB TEST .00 9:59am
AIR BLK .00 9:59am
SUB TEST .00 10:01am
AIR BLK .00 10:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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**Preventive Maintenance Status:** Pass
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Lenoir
Instrument Location: Kinston P.D.

Instrument Serial No: 008624
205 E. King St., Kinston, NC.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When "PLEASE BLOW" appears, collect breath sample;

7. When "PLEASE BLOW" appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 7th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
INTOX BC/IR-II: Subject Test

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624
Test Date: 08/07/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206103
Exp Date: 03/01/2014

Test  g/210L  Time
DIAG  Pass  10:55am
AIR BLK  .00  10:56am
ACCY CHK  .07  10:56am
AIR BLK  .00  10:57am
SUB TEST  .00  10:58am
AIR BLK  .00  10:59am
SUB TEST  .00  11:00am
AIR BLK  .00  11:01am

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624    Test Record Number: 1266
Test Date: 08/07/2013    Test Time: 11:02am EDT

System Check: Passed

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Printer Tests

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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 7th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639
Test Date: 08/07/2013

Citation Number: MO000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG309101
Exp Date: 04/01/2015

Test g/210L Time
DIAG Pass 11:37am
AIR BLK .00 11:38am
ACCY CHK .07 11:38am
AIR BLK .00 11:39am
SUB TEST .00 11:40am
AIR BLK .00 11:41am
SUB TEST .00 11:42am
AIR BLK .00 11:44am

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639    Test Record Number: 2104
Test Date: 08/07/2013    Test Time: 11:45am EDT

System Check: Passed

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CRC Tests

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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: Chowan  
Instrument Location: Chowan Co. Public Safety Center  
Instrument Serial No.: 00 8895  
305 W. Freemason St., Edenton, NC  

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number  

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895
Test Date: 08/06/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG315701
Exp Date: 06/06/2015

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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

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Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649
Test Date: 08/05/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602
Exp Date: 02/15/2014

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
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: 2430
Test Date: 08/05/2013    Test Time: 11:35am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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 Wayne Instrument Location Wayne Co. Detention Center

Instrument Serial No. 008671 207 E. Chestnut St; Goldsboro, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  [Certificate Number]

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671
Test Date: 08/05/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602
Exp Date: 02/15/2014

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

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: 2727
Test Date: 08/05/2013    Test Time: 11:42am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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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: Greene
Instrument Location: Greene Co. SO.
Instrument Serial No.: 008888
301 N. Greene St, Sanford, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 5th day of August, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
**Intox EC/IR-II: Subject Test**

**GREENE COUNTY GREENE CO SO 390**

Serial Number: 008588  
Test Date: 08/05/2013

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G  
Permit Number: 12955E  
Effective: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG315701  
Exp Date: 06/06/2015

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<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
Intox EC/IR-II: Preventive Maintenance

GREENE COUNTY GREENE CO SO 390

Serial Number: 008588    Test Record Number: 756
Test Date: 08/05/2013    Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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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: Beaufort Instrument Location: Beaufort Co. Courthouse
Instrument Serial No.: 008909

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1st day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909
Test Date: 08/01/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602
Exp Date: 03/06/2014

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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909    Test Record Number: 1687
Test Date: 08/01/2013    Test Time: 2:55pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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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: Beaufort  Instrument Location: Beaufort Co. Courthouse

Instrument Serial No. 0085810  12 E. 2nd St., Washington, 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 ___ day of August, 2013, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586
Test Date: 08/01/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE,NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206603
Exp Date: 03/06/2014

Test  g/210L  Time
DIAG Pass  2:57pm
AIR BLK .00  2:58pm
ACCY CHK .08  2:58pm
AIR BLK .00  2:59pm
SUB TEST .00  3:00pm
AIR BLK .00  3:01pm
SUB TEST .00  3:03pm
AIR BLK .00  3:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586    Test Record Number: 991
Test Date: 08/01/2013    Test Time: 3:05pm EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature] Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of AUGUST 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Intox EC/IR-II: Subject Test

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735
Test Date: 08/27/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206603
Exp Date: 03/06/2014

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<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:11am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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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

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735      Test Record Number: 1292
Test Date: 08/27/2013      Test Time: 11:16am EDT

System Check: Passed

Baseline Tests

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<tr>
<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<td>PRNT</td>
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CRC Tests

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<tr>
<td>CAL</td>
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</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

---

Signature
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CHATHAM Instrument Location PITTSBORO POLICE DEPT.

Instrument Serial No. 008591

PITTSBORO NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 27 day of AUGUST, 2013 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 371

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591
Test Date: 08/27/2013

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG309105
Exp Date: 04/01/2015

Test     g/210L  Time
DIAG     Pass    4:29pm
AIR BLK .00    4:30pm
ACCY CHK .08   4:30pm
AIR BLK .00    4:31pm
SUB TEST .00   4:32pm
AIR BLK .00    4:33pm
SUB TEST .00   4:35pm
AIR BLK .00    4:36pm

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

**CHATHAM COUNTY PITTSBORO PD 180**

Serial Number: 008591  Test Record Number: 1264  Test Date: 08/27/2013  Test Time: 4:37pm EDT

**System Check: Passed**  

**Baseline Tests**

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**Temperature Tests**

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<tr>
<td>SRC</td>
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<tr>
<td>DET</td>
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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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<td>CAL</td>
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**Preventive Maintenance**  
Status: Pass

---

*This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007*
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 22 day of AUGUST, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.
**Intox EC/IR-II: Subject Test**

**LEE COUNTY LEE CO. LEC. 520**

Serial Number: 008645  
Test Date: 08/22/2013

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE  
Type of Agency: FTA  
Agency: DHHS  
Test Type: Breath Test

Lot Number: AG300202  
Exp Date: 01/02/2015

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

---

This form is used when performing Preventive Maintenance procedures  
Forensic Tests for Alcohol Branch  
Department of Health and Human Services  
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645  Test Record Number: 1250
Test Date: 08/22/2013  Test Time: 9:56am EDT

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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Preventive Maintenance
Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007