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

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

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653
Test Date: 12/28/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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 1:11pm
AIR BLK .00 1:12pm
ACCY CHK .08 1:13pm
AIR BLK .00 1:14pm
SUB TEST .00 1:15pm
AIR BLK .00 1:16pm
SUB TEST .00 1:17pm
AIR BLK .00 1:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

**YANCEY COUNTY YANCEY COUNTY JAIL 990**

Serial Number: 008653    Test Record Number: 878
Test Date: 12/28/2012    Test Time: 1:20pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>SAR</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:22pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:22pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:22pm</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: Watauga  Instrument Location: Boone, P.O.

Instrument Serial No. 008716  Boone, 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 20 day of December, 2012 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716
Test Date: 12/20/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

Officer's Name: 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 3:31pm
AIR BLK .00 3:32pm
ACCCY CHK .08 3:32pm
AIR BLK .00 3:33pm
SUB TEST .00 3:34pm
AIR BLK .00 3:35pm
SUB TEST .00 3:36pm
AIR BLK .00 3:37pm

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

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716    Test Record Number: 1335
Test Date: 12/20/2012    Test Time: 3:38pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:39pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:40pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:40pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:40pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County McDowell  Instrument Location McDowell Co. Ju'i

Instrument Serial No. 008888  Marion, NC

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

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

I certify that on the 21 day of December, 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 4089 (11/07)
Intox EC/IR-II: Subject Test

MCDOWELL COUNTY JAIL 580

Serial Number: 008888
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

Lot Number: AG124202
Exp Date: 08/30/2013

Test g/210L Time

DIAG Pass 3:20pm
AIR BLK .00 3:21pm
ACCY CHK .07 3:22pm
AIR BLK .00 3:23pm
SUB TEST .00 3:24pm
AIR BLK .00 3:25pm
SUB TEST .00 3:26pm
AIR BLK .00 3:27pm

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
Intox EC/IR-II: Preventive Maintenance

MCDOWELL COUNTY JAIL 580

Serial Number: 008888    Test Record Number: 835
Test Date: 12/21/2012    Test Time: 3:28pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:30pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:30pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County McDowell  Instrument Location McDowell Co. Jail

Instrument Serial No. 008892  Marion, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 21 day of December, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number:

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective: 06/01/2011-06/01/2013
Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

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

Test g/210L Time
DIAG Pass 3:21pm
AIR BLK .00 3:22pm
ACCCY CHK .08 3:23pm
AIR BLK .00 3:24pm
SUB TEST .00 3:24pm
AIR BLK .00 3:25pm
SUB TEST .00 3:27pm
AIR BLK .00 3:28pm

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

MCDOWELL COUNTY JAIL 580

Serial Number: 008892       Test Record Number: 324
Test Date: 12/21/2012       Test Time: 3:29pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:29pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:30pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:30pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:30pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:30pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of December, 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.
Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828
Test Date: 12/10/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:45pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828        Test Record Number: 1173
Test Date: 12/10/2012       Test Time: 2:51pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:52pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:52pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:52pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:52pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

County: Swain Instrument Location: Cherokee PD
Instrument Serial No: 008782 Cherokee, NC

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

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

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

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG104101
Exp Date: 02/10/2013

Test    g/210L Time
DIAG    Pass   10:16am
AIR BLK .00   10:16am
ACCY CHK .07  10:17am
AIR BLK .00   10:18am
SUB TEST .00  10:19am
AIR BLK .00   10:19am
SUB TEST .00  10:21am
AIR BLK .00   10:12am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782    Test Record Number: 615
Test Date: 12/21/2012    Test Time: 10:25am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

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  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 21 day of DECEMBER, 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]
Signature of Certifying Official

371
Certificate Number

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

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

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG200905
Exp Date: 01/09/2014

Test  g/210L  Time

DIAG    Pass  3:41pm
AIR BLK .00  3:42pm
ACCY CHK .07  3:43pm
AIR BLK .00  3:44pm
SUB TEST .00  3:45pm
AIR BLK .00  3:45pm
SUB TEST .00  3:47pm
AIR BLK .00  3:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CHATHAM COUNTY PITTSBORO PD 180

Serial Number: 008591    Test Record Number: 1161
Test Date: 12/21/2012    Test Time: 3:50pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:50pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:50pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:50pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:51pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CHATHAM Instrument Location SILVER CITY POLICE DEPT.

Instrument Serial No. 008811 SILVER CITY NC

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

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

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

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 12:59pm
AIR BLK .00 1:00pm
ACCY CHK .08 1:01pm
AIR BLK .00 1:02pm
SUB TEST .00 1:03pm
AIR BLK .00 1:04pm
SUB TEST .00 1:05pm
AIR BLK .00 1:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when 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 SILER CITY PD. 180

Serial Number: 008811    Test Record Number: 964
Test Date: 12/21/2012    Test Time: 1:10pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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

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

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

I certify that on the __________ day of __________, 2012 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807
Test Date: 12/04/2012

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, 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   4:16pm
AIR BLK  .00  4:17pm
ACCY CHK .08  4:18pm
AIR BLK  .00  4:19pm
SUB TEST .00  4:19pm
AIR BLK  .00  4:20pm
SUB TEST .00  4:23pm
AIR BLK  .00  4:24pm

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
System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>4:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>4:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:27pm</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: Hyde
Instrument Location: Hyde Co., S.D. - Ocracoke

Instrument Serial No.: 008797

Nc 12 - Ocracoke, 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 4th day of December, 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)
Serial Number: 008797  
Test Date: 12/04/2012

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, 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  2:30pm
AIR BLK .00  2:31pm
ACCY CHK .07  2:32pm
AIR BLK .00  2:33pm
SUB TEST .00  2:33pm
AIR BLK .00  2:34pm
SUB TEST .00  2:38pm
AIR BLK .00  2:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797  Test Record Number: 286
Test Date: 12/04/2012  Test Time: 2:40pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:41pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wayne Instrument Location Seymour Johnson
Instrument Serial No. 008786 1010 Vermeer Garrison Rd, 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 20th day of December, 2017 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 47

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 SEYMOUR JOHNSON AFB 950

Serial Number: 008796
Test Date: 12/20/2012

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

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective: 09/01/2011-09/01/2013

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

Lot Number: AG102701
Exp Date: 01/27/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:00pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:04pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAYNE COUNTY SEYMOUR JOHNSON AFB 950

Serial Number: 008786    Test Record Number: 144
Test Date: 12/20/2012    Test Time: 2:05pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 19 day of December, 2018 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890
Test Date: 12/19/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:09pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:12pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890    Test Record Number: 386
Test Date: 12/19/2012    Test Time: 3:13pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:13pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:14pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Ashe Instrument Location Ashe County Jail
Instrument Serial No. 008849 Jefferson, 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 December, 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]

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

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

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849
Test Date: 12/19/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 1:01pm
AIR BLK .00 1:02pm
ACCY CHK .07 1:03pm
AIR BLK .00 1:04pm
SUB TEST .00 1:05pm
AIR BLK .00 1:06pm
SUB TEST .00 1:07pm
AIR BLK .00 1:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**ASHE COUNTY ASHE COUNTY JAIL 040**

Serial Number: 008849  Test Record Number: 695  Test Date: 12/19/2012  Test Time: 1:09pm EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:09pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:10pm</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: Surry
Instrument Location: Pilot Mountain
Instrument Serial No.: 008938
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 20th day of December, 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]
Signature of Certifying Official

[Certificate Number]
DHHS 4080 (11/07)

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

SURREY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938
Test Date: 12/20/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG203902
Exp Date: 02/08/2014

Test g/210L Time

DIAG Pass 1:43pm
AIR BLK .00 1:44pm
ACCY CHK .07 1:44pm
AIR BLK .00 1:46pm
SUB TEST .00 1:46pm
AIR BLK .00 1:47pm
SUB TEST .00 1:49pm
AIR BLK .00 1:49pm

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

SURREY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938  Test Record Number: 390  Test Date: 12/20/2012  Test Time: 1:51pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:51pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:52pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

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

SURREY COUNTY MOUNT AIRY PD 850

Serial Number: 008943
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG125603
Exp Date: 09/13/2013

Test   g/210L  Time
DIAG   Pass    9:35am
AIR BLK .00  9:35am
ACCY CHK .08  9:36am
AIR BLK .00  9:37am
SUB TEST .00  9:37am
AIR BLK .00  9:39am
SUB TEST .00  9:40am
AIR BLK .00  9:41am

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
In tox EC/IR-II: Preventive Maintenance

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943    Test Record Number: 1376
Test Date: 12/21/2012    Test Time: 9:45am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:45am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCl</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:46am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 21st day of December, 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: Subject Test

SURREY COUNTY SURREY CO JAIL 850

Serial Number: 008934
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG205401
Exp Date: 02/23/2014

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

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when 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 SURRY CO JAIL 850**

Serial Number: 008934    Test Record Number: 1012
Test Date: 12/21/2012    Test Time: 11:26am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
</tbody>
</table>

### Blank Tests

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

### Printer Tests

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

### CRC Tests

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

Preventive Maintenance

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: CRAVEN
Instrument Location: HAUELCK P.D.
Instrument Serial No. 007800

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2018 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**CRAVEN COUNTY HAVELOCK PD 240**

- Serial Number: 008800
- Test Date: 12/19/2012
- Citation Number: M0000000-0

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

**Analyst's Name:** HALL, RANDY E  
**Permit Number:** 03462E  
**Effective:** 09/01/2011-09/01/2013

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

- **Lot Number:** AG123501  
- **Exp Date:** 08/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:42pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:42pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:44pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:48pm</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

**Court CVR**

---

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

CRAVEN COUNTY HAVELOCK PD 240
Serial Number: 008800  Test Record Number: 632
Test Date: 12/19/2012  Test Time: 2:49pm EST
System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>DEBT</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:50pm</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:51pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

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

I certify that on the 19 day of December, 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 354

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819
Test Date: 12/19/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 09/01/2011-09/01/2013

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

Lot Number: AG202602
Exp Date: 01/26/2014

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:48pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Randy E. Hall
Analyst

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819    Test Record Number: 280
Test Date: 12/19/2012    Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 19 day of December, 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**

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640  
Test Date: 12/19/2012

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective: 
09/01/2011-09/01/2013

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

Lot Number: AG102701  
Exp Date: 01/27/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:21am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:24am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:26am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

[Signature]

Court CVR

---

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640    Test Record Number: 919
Test Date: 12/19/2012    Test Time: 11:30am EST

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>11:31am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:31am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 19 day of December, 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.
Intox EC/IR-II: Subject Test

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817
Test Date: 12/19/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG203103
Exp Date: 01/31/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:39am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:39am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:40am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:42am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:44am</td>
</tr>
</tbody>
</table>

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

Preventive Maintenance Status: Pass

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CRAVEN
Instrument Location CRAVEN COUNTY
Instrument Serial No. 008732
SHERIFF'S OFFICE

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

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

I certify that on the 19 day of December, 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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732
Test Date: 12/19/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG202602
Exp Date: 01/26/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:24am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:24am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:25am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:29am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

*CRAVEN COUNTY CRAVEN COUNTY SD 240*

Serial Number: 008732    Test Record Number: 851
Test Date: 12/19/2012   Test Time: 10:30am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:31am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:32am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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: Bar mobile unit 6
Instrument Serial No: 008669  New Hanover 5 0

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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]
K. C. Proctor
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 BAT MOBILE UNIT 6 640**

Serial Number: 008869  
Test Date: 12/30/2012

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: AG123501  
Exp Date: 08/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>6:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:51pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>6:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:56pm</td>
</tr>
</tbody>
</table>

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

**NEW HANOVER COUNTY BAT MOBILE UNIT 6 640**

- **Serial Number:** 008869  
- **Test Record Number:** 909  
- **Test Date:** 12/30/2012  
- **Test Time:** 6:57pm EST

#### System Check: Passed

##### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

##### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

##### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
</tbody>
</table>

##### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
</tbody>
</table>

##### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
</tbody>
</table>

### Preventive Maintenance

**Status:** Pass

---

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: New Hanover
Instrument Location: BAT Mobile Unit

Instrument Serial No.: 008898 New Hanover S.O.

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

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

I certify that on the 30th day of December, 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 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

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008898
Test Date: 12/30/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG201802
Exp Date: 01/18/2014

Test g/210L Time
DIAG Pass 6:48pm
AIR BLK .00 6:49pm
ACCY CHK .08 6:50pm
AIR BLK .00 6:51pm
SUB TEST .00 6:52pm
AIR BLK .00 6:53pm
SUB TEST .00 6:54pm
AIR BLK .00 6:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NEW HANOVER COUNTY EAT MOBILE UNIT 6 640

Serial Number: 008898    Test Record Number: 901
Test Date: 12/30/2012    Test Time: 6:56pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>6:56pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:56pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:56pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>CÀL</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 30 day of December, 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.
Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939
Test Date: 12/30/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG123501
Exp Date: 08/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>6:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:50pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>6:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:51pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>6:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>6:55pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**NEW HANOVER COUNTY BAT MOBILE UNIT 6 640**

Serial Number: 008939    Test Record Number: 864    Test Date: 12/30/2012    Test Time: 6:57pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>6:57pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>6:58pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

---

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

County: Brunswick
Instrument Location: BAT Mobile Unit 6

Instrument Serial No: 006939
Brunswick Co., S. O.

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

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

I certify that on the 30 day of December, 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: K. C. [Signature]
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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939
Test Date: 12/30/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG123501
Exp Date: 08/23/2013

Test     g/210L    Time
DIAG     Pass     9:07pm
AIR BLK  .00      9:08pm
ACCY CHK .08      9:09pm
AIR BLK  .00      9:10pm
SUB TEST .00      9:10pm
AIR BLK  .00      9:11pm
SUB TEST .00      9:13pm
AIR BLK  .00      9:14pm

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 6 090

Serial Number: 008939   Test Record Number: 866
Test Date: 12/30/2012   Test Time: 9:14pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:15pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:16pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:16pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:16pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:16pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: New Hanover  
Instrument Location: BAT Mobile Unit C  
Instrument Serial No: 008939  
Wilmington, 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 29 day of December, 2012 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

Signature of Certifying Official  
Certificate Number  

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

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939
Test Date: 12/29/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG123501
Exp Date: 08/23/2013

Test  g/210L  Time

DIAG  Pass  10:15pm
AIR BLK .00  10:16pm
ACCY CHK .07  10:17pm
AIR BLK .00  10:18pm
SUB TEST .00  10:18pm
AIR BLK .00  10:19pm
SUB TEST .00  10:21pm
AIR BLK .00  10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**Baseline Tests**

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

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

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG201802
Exp Date: 01/18/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:03pm</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>11:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:09pm</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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898    Test Record Number: 894
Test Date: 12/21/2012    Test Time: 11:12pm EST

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>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: New Hanover Instrument Location: BAT Mobile Unit 46
Instrument Serial No.: 008898 S HP.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December 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]
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 BAT MOBILE UNIT 6
640

Serial Number: 008898
Test Date: 12/15/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG201802
Exp Date: 01/18/2014

Test    g/210L    Time

DIAG    Pass    8:27pm
AIR BLK .00    8:28pm
ACCY CHK .07    8:29pm
AIR BLK .00    8:30pm
SUB TEST .00    8:30pm
AIR BLK .00    8:31pm
SUB TEST .00    8:33pm
AIR BLK .00    8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

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

I certify that on the 15th day of December 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.

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 6
640

Serial Number: 008939
Test Date: 12/15/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG123501
Exp Date: 08/23/2013

Test g/210L Time

DIAG Pass 8:28pm
AIR BLK .00 8:29pm
ACCCY CHK .08 8:29pm
AIR BLK .00 8:30pm
SUB TEST .00 8:31pm
AIR BLK .00 8:32pm
SUB TEST .00 8:33pm
AIR BLK .00 8:34pm

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939       Test Record Number: 850
Test Date: 12/15/2012       Test Time: 8:35pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:35pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:36pm</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: New Hanover
Instrument Location: BAT Mobile Unit 16
Instrument Serial No.: D08869

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2012, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test
NEW HANOVER COUNTY RAT MOBILE UNIT 6
640

Serial Number: 008869
Test Date: 12/15/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG123501
Exp Date: 08/23/2013

Test g/210L Time
DIAG Pass 8:28pm
AIR BLK .00 8:29pm
ACCY CHK .08 8:30pm
AIR BLK .00 8:31pm
SUB TEST .00 8:31pm
AIR BLK .00 8:32pm
SUB TEST .00 8:34pm
AIR BLK .00 8:35pm

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 6 640

Serial Number: 008869  Test Record Number: 901
Test Date: 12/15/2012  Test Time: 8:35pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>8:36pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>8:37pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:37pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>8:37pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>8:37pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

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

I certify that on the \( \text{14} \) day of December, 2007, 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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869
Test Date: 12/14/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG123501
Exp Date: 08/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>11:04pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>11:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>11:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>11:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>11:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>11:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>11:09pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869    Test Record Number: 896
Test Date: 12/14/2012    Test Time: 11:11pm EST

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

Temperature Tests

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

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

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

I certify that on the 14th day of December, 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]
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 6 090

Serial Number: 008939  
Test Date: 12/14/2012

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: AG123501  
Exp Date: 08/23/2013

Test   g/210L   Time

DIAG   Pass   11:01pm
AIR BLK .00   11:02pm
ACCY CHK .08   11:03pm
AIR BLK .00   11:04pm
SUB TEST .00   11:04pm
AIR BLK .00   11:05pm
SUB TEST .00   11:07pm
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
**Intox EC/IR-II: Preventive Maintenance**

**BRUNSWICK COUNTY BAT MOBILE UNIT 6 090**

Serial Number: 008939  Test Record Number: 843  
Test Date: 12/14/2012  Test Time: 11:11pm EST

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Brunswick  Instrument Location: BAT Mobile Unit II

Instrument Serial No. 008898  SHP

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2002 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 6 090

Serial Number: 008898
Test Date: 12/14/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG201802
Exp Date: 01/18/2014

Test g/210L Time

DIAG Pass 11:00pm
AIR BLK .00 11:01pm
ACCY CHK .08 11:02pm
AIR BLK .00 11:03pm
SUB TEST .00 11:03pm
AIR BLK .00 11:04pm
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
Intox EC/IR-II: Preventive Maintenance

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008898    Test Record Number: 875
Test Date: 12/14/2012    Test Time: 11:11pm EST

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>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:12pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:13pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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.
<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:41pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:41pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:42pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:44pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:47pm</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

**CUMBERLAND COUNTY BAT MOBILE UNIT 4 250**

Serial Number: 008871  Test Record Number: 595  
Test Date: 12/21/2012  Test Time: 10:49pm EST

**System Check: Passed**

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**  
**Status: Pass**

---

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

---

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 21st day of December, 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.
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY BAT MOBILE UNIT 4
250

Serial Number: 008871
Test Date: 12/21/2012

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

Lot Number: AG203902
Exp Date: 02/08/2014

Test   g/210L  Time
DIAG   Pass   10:40pm
AIR BLK .00   10:41pm
ACCY CHK .07   10:41pm
AIR BLK .00   10:42pm
SUB TEST .00   10:43pm
AIR BLK .00   10:44pm
SUB TEST .00   10:46pm
AIR BLK .00   10:47pm

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

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008871    Test Record Number: 595
Test Date: 12/21/2012    Test Time: 10:49pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:49pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

CUMBERLAND COUNTY BAT MOBILE UNIT 4
250

Serial Number: 008717
Test Date: 12/21/2012

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

Test  g/210L  Time
DIAG  Pass  10:42pm
AIR BLK  .00  10:43pm
ACCY CHK  .07  10:43pm
AIR BLK  .00  10:44pm
SUB TEST  .00  10:45pm
AIR BLK  .00  10:46pm
SUB TEST  .00  10:47pm
AIR BLK  .00  10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008717  Test Record Number: 313
Test Date: 12/21/2012  Test Time: 10:54pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>PLO</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

 Analyst

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

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

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

CUMBERLAND COUNTY BAT MOBILE UNIT 4
250

Serial Number: 008717
Test Date: 12/21/2012

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

Test  g/210L  Time

DIAG  Pass  10:42pm
AIR BLK  .00  10:43pm
ACCY CHK  .07  10:43pm
AIR BLK  .00  10:44pm
SUB TEST  .00  10:45pm
AIR BLK  .00  10:46pm
SUB TEST  .00  10:47pm
AIR BLK  .00  10:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CUMBERLAND COUNTY BAT MOBILE UNIT 4 250

Serial Number: 008717    Test Record Number: 313
Test Date: 12/21/2012    Test Time: 10:54pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:54pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:55pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location 345 Mobile Unit 4

Instrument Serial No. 0066741

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

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

I certify that on the 7 day of December 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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871
Test Date: 12/07/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG203902
Exp Date: 02/08/2014

Test g/210L Time
DIAG Pass 10:16pm
AIR BLK .00 10:17pm
ACCY CHK .07 10:17pm
AIR BLK .00 10:18pm
SUB TEST .00 10:19pm
AIR BLK .00 10:20pm
SUB TEST .00 10:21pm
AIR BLK .00 10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871  Test Record Number: 591
Test Date: 12/07/2012  Test Time: 10:30pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 5 day of December, 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.
Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008871
Test Date: 12/07/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG203902
Exp Date: 02/08/2014

Test  g/210L  Time

DIAG  Pass  10:16pm
AIR BLK .00  10:17pm
ACCY CHK .07  10:17pm
AIR BLK .00  10:18pm
SUB TEST .00  10:19pm
AIR BLK .00  10:20pm
SUB TEST .00  10:21pm
AIR BLK .00  10:22pm

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**

**WILSON COUNTY BAT MOBILE UNIT 4970**

Serial Number: 008871   Test Record Number: 591  
Test Date: 12/07/2012   Test Time: 10:30pm EST

System Check: **Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:30pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:31pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**  
Status: **Pass**

![Signature]

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Co  Instrument Location BAI Mobile Unit 4

Instrument Serial No. 0084111

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 7 day of December, 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.
Intox EC/IR-II: Subject Test

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717
Test Date: 12/07/2012

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

Test g/210L Time

DIAG Pass 10:17pm
AIR BLK .00 10:18pm
ACCY CHK .07 10:19pm
AIR BLK .00 10:20pm
SUB TEST .00 10:20pm
AIR BLK .00 10:21pm
SUB TEST .00 10:23pm
AIR BLK .00 10:23pm

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717    Test Record Number: 310
Test Date: 12/07/2012    Test Time: 10:25pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WILSON Instrument Location MBH Mobile Unit 4

Instrument Serial No. 008717

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

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

Certificate Number 68215

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

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717
Test Date: 12/07/2012

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

Test       g/210L      Time

  DIAG      Pass       10:17pm
  AIR BLK    .00       10:18pm
  ACCY CHK   .07       10:19pm
  AIR BLK    .00       10:20pm
  SUB TEST   .00       10:20pm
  AIR BLK    .00       10:21pm
  SUB TEST   .00       10:23pm
  AIR BLK    .00       10:23pm

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

WILSON COUNTY BAT MOBILE UNIT 4 970

Serial Number: 008717    Test Record Number: 310
Test Date: 12/07/2012    Test Time: 10:25pm BST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:26pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GRANVILLE Instrument Location CREEDEMOOR P.D.

Instrument Serial No. 009641 111 MASSAC ST. CREEDEMOOR, 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 18 day of DECEMBER, 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

GRANVILLE COUNTY CREEMOOR PD 380

Serial Number: 008641
Test Date: 12/18/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG124903
Exp Date: 09/06/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:11pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:12pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:13pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:14pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:15pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:18pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641    Test Record Number: 722
Test Date: 12/18/2012    Test Time: 1:20pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:20pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: WAKE
Instrument Location: CA24 P.D.

Instrument Serial No.: 00858
120 WILKINSON AVE. CA24 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 DECEMBER, 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]
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 CARY PD 910

Serial Number: 008587
Test Date: 12/19/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG206102
Exp Date: 03/01/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>12:27pm</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td>12:28pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>12:29pm</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>12:29pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>12:30pm</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>12:32pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>12:33pm</td>
<td></td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

*WAKE COUNTY CARY PD 910*

Serial Number: 008587  Test Record Number: 2097  
Test Date: 12/19/2012  Test Time: 12:34pm EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**  
**Status**: Pass

---

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

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

I certify that on the 20 day of DECEMBER, 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.
**Intox EC/IR-II: Subject Test**

**HALIFAX CO. ROANOKE RAPIDS PD 410**

Serial Number: 008656  
Test Date: 12/20/2012

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

Analyst's Name: QUARANTELELO, NICHOLAS J  
Permit Number: 21536E  
Effective: 09/01/2011-09/01/2013

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

Lot Number: AG203902  
Exp Date: 02/08/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:19am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:21am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:22am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:23am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:26am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Record Number: 443
Test Date: 12/20/2012 Test Time: 11:28am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:28am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Halifax  Instrument Location  Roanoke Rapids P.O.
Instrument Serial No.  008635  1040 Roanoke Ave, Roanoke Rapids, 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 20 day of December, 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  652

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

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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635
Test Date: 12/20/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG206102
Exp Date: 03/01/2014

Test         g/210L     Time
DIAG         Pass         11:12am
AIR BLK      .00          11:13am
ACCY CHK     .08          11:14am
AIR BLK      .00          11:15am
SUB TEST     .00          11:15am
AIR BLK      .00          11:16am
SUB TEST     .00          11:18am
AIR BLK      .00          11:19am

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

**HALIFAX CO ROANOKE RAPIDS PD 410**

Serial Number: 008635    Test Record Number: 1132
Test Date: 12/20/2012    Test Time: 11:21am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:21am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:22am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

*Analyst*

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 20 day of DECEMBER, 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.

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

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

**NORTHAMPTON COUNTY SHERIFFS DEPARTMENT**

Serial Number: 008607  
Test Date: 12/20/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: AG124201  
Exp Date: 08/30/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:48pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:49pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:55pm</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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607    Test Record Number: 687
Test Date: 12/20/2012    Test Time: 12:56pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:56pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:57pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: NORTHAMPTON  Instrument Location: NORTHAMPTON Co. SHERIFFS DEPT

Instrument Serial No. 008688  105 W. JEFFERSON ST. JACKSON, 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 20 day of DECEMBER, 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

6502
Certificate Number

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

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT
650

Serial Number: 008688
Test Date: 12/20/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:44pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:46pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:46pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:47pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:51pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688    Test Record Number: 623
Test Date: 12/20/2012    Test Time: 12:53pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:53pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:54pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 DECEMBER, 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 652

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695
Test Date: 12/20/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 2:14pm
AIR BLK .00 2:15pm
ACCY CHK .08 2:16pm
AIR BLK .00 2:17pm
SUB TEST .00 2:17pm
AIR BLK .00 2:18pm
SUB TEST .00 2:19pm
AIR BLK .00 2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695    Test Record Number: 1234
Test Date: 12/20/2012    Test Time: 2:21pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:22pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:23pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Johnston
Instrument Location: Clayton Police Dept.

Instrument Serial No.: 002658

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 21st day of December, 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

JOHNSON COUNTY CLAYTON PD. 500

Serial Number: 008658
Test Date: 12/21/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:01pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:03pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658    Test Record Number: 840
Test Date: 12/21/2012    Test Time: 2:07pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 0.2 degree centigrade;

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14th day of December, 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 5 910

Serial Number: 008600  Test Record Number: 1138
Test Date: 12/14/2012  Test Time: 11:46pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:47pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

**WAKE COUNTY BAT MOBILE UNIT 5 910**

Serial Number: 008600  
Test Date: 12/14/2012

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 3372E  
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>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:09pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:10pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:12pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:13pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:17pm</td>
</tr>
</tbody>
</table>

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

Signature of Chemical Analyst

Court CVR

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Nash - Rocky Mt  Instrument Location: Bat mobile Unit 2
Instrument Serial No: 0081601

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

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

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

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

NASH COUNTY BAT MOBILE UNIT 2 630

Serial Number: 008601
Test Date: 12/14/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:06pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:07pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:08pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:10pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:11pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**NASH COUNTY BAT MOBILE UNIT 2 630**

Serial Number: 008601  Test Record Number: 732  
Test Date: 12/14/2012  Test Time: 10:12pm EST

**System Check: Passed**

**Baseline Tests**

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

**Preventive Maintenance Status: Pass**

**Analyst**

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II

County: Harnett Co. (50)  Instrument Location: Bat Mobile Unit #2

Instrument Serial No. 0087360

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 7 day of December, 201A 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

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736
Test Date: 12/07/2012

Citation Number: MO000000-0
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: XX

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651
Effective: 10/01/2011-10/01/2013

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 10:50pm
AIR BLK .00 10:51pm
ACCY CHK .07 10:52pm
AIR BLK .00 10:52pm
SUB TEST .00 10:55pm
AIR BLK .00 10:55pm
SUB TEST .00 10:57pm
AIR BLK .00 10:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**HARNETT COUNTY BAT MOBILE UNIT 2 420**

Serial Number: 008736    Test Record Number: 545
Test Date: 12/07/2012    Test Time: 11:01pm EST

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>11:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:01pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:02pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:02pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:02pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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

**Analyst**

[Signature: B. Skinner]
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Hardey Co. (so) Instrument Location: Bat mobile Unit 2

Instrument Serial No.: 086601

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 7 day of December, 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]

A signed original of 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 BAT MOBILE UNIT 2 420

Serial Number: 008601
Test Date: 12/07/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:50pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:50pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:53pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:56pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008601    Test Record Number: 724
Test Date: 12/07/2012    Test Time: 10:57pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:57pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:58pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:58pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:58pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:58pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Jonya B. Stroman
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County   PERSON   Instrument Location   PERSON CO. LEE
Instrument Serial No.  008880   120 COURT ST, RLEAN, 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 5 day of DECEMBER, 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 658

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

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880
Test Date: 12/05/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:19pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:22pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:25pm</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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880    Test Record Number: 504
Test Date: 12/05/2012    Test Time: 12:27pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Person Instrument Location Person Co. Lee

Instrument Serial No. 008693 120 Court St. Renboro, 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 5 day of December, 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]
Signature of Certifying Official

Certificate Number 652

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

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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693
Test Date: 12/05/2012

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

Lot Number: AG106703
Exp Date: 03/08/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:26pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.07</td>
<td>12:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>12:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:29pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>12:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:31pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**PERSON COUNTY PERSON CO. LEC 720**

Serial Number: 008693    Test Record Number: 870  
Test Date: 12/05/2012    Test Time: 12:32pm EST

System Check: Passed

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

Preventive Maintenance  
Status: Pass

**Analyst**

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

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

I certify that on the 6th day of December, 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.
Intox EC/IR-II: Subject Test

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838
Test Date: 12/06/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG125603
Exp Date: 09/13/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**Serial Number: 008838**  
**Test Record Number: 772**  
**Test Date: 12/06/2012**  
**Test Time: 1:25pm EST**

System Check: *Passed*

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:26pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:27pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: *Pass*

---

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: **ORANGE**  Instrument Location: **CHAPEL HILL P.D.**

Instrument Serial No.: **C058839**  **308 MARTIN LUTHER KING JR. BLDG**

**CHAPEL HILL, N.C.**

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

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

I certify that on the **14** day of **DECEMBER**, **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: **652**

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

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

**ORANGE COUNTY CHAPEL HILL PD 670**

**Serial Number:** 008839  
**Test Date:** 12/14/2012

**Citation Number:** M0000000-0  
**Subject's Name:** PREVENTIVE, MAINTENANCE  
**Subject'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:** AG203903  
**Exp Date:** 02/08/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:07am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:08am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:08am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:09am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:11am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:14am</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

**Court CVR**

---

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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839    Test Record Number: 952
Test Date: 12/14/2012    Test Time: 11:16am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>ET</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:17am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: ORANGE         Instrument Location: CHAPEL HILL P.D.

Instrument Serial No.  028856  828 MARTIN LUTHER KING JR. BLVD
                        CHAPEL HILL, N.C.

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

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

I certify that on the 14 day of DECEMBER, 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]
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

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856
Test Date: 12/14/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG206102
Exp Date: 03/01/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:57am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:58am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:00am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:01am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:03am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**ORANGE COUNTY CHAPEL HILL PD 670**

Serial Number: 008856  
Test Record Number: 1053  
Test Date: 12/14/2012  
Test Time: 11:07am EST

**System Check: Passed**

**Baseline Tests**

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

**Temperature Tests**

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

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

**Preventive Maintenance**

Status: Pass

---

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 Hillsborough P.D.

Instrument Serial No. 008799 107 N. CHURTON ST. Hillsborough, N.C.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14 day of DECEMBER, 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 652

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

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

**ORANGE COUNTY HILLSBOROUGH PD 670**

- **Serial Number:** 008799
- **Test Date:** 12/14/2012

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

**Analyzer'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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>0.07</td>
<td>12:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:29pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>12:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>12:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

**Reported AC:** 0.00 g/210L

---

**Signature of Chemical Analyst**

---

**Court CVR**

---

**Analyst**

---

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

**ORANGE COUNTY HILLSBOROUGH PD 670**

Serial Number: 008799  Test Record Number: 1268  Test Date: 12/14/2012  Test Time: 12:35pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

**Status: Pass**

---

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

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

I certify that on the 10 day of December, 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.
Intox EC/IR-II: Subject Test

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655
Test Date: 12/10/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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 2:32pm
AIR BLK .00 2:32pm
ACCY CHK .07 2:33pm
AIR BLK .00 2:34pm
SUB TEST .00 2:35pm
AIR BLK .00 2:36pm
SUB TEST .00 2:37pm
AIR BLK .00 2:38pm

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**

**GUILFORD COUNTY HIGH POINT JAIL 401**

Serial Number: 008655  Test Record Number: 1737  Test Date: 12/10/2012  Test Time: 2:39pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:39pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:40pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**  
Status: Pass

---

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

---

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of December, 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.
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791
Test Date: 12/10/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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 12:19pm
AIR BLK .00 12:19pm
ACCY CHK .08 12:20pm
AIR BLK .00 12:21pm
SUB TEST .00 12:22pm
AIR BLK .00 12:22pm
SUB TEST .00 12:24pm
AIR BLK .00 12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791  Test Record Number: 733
Test Date: 12/10/2012  Test Time: 12:25pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:26pm</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Rockingham  
Instrument Location: Reidsville Police  
Instrument Serial No.: 008784  

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

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 12/14/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

Lot Number: AG106703
Exp Date: 03/08/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:47am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:48am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>11:49am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:51am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:54am</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**

**ROCKINGHAM COUNTY REIDSVILLE PD 780**

Serial Number: 008784  Test Record Number: 635  
Test Date: 12/14/2012  Test Time: 11:55am EST

**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>11:55am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:55am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

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

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

**Preventive Maintenance**

Status: Pass

---

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

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

I certify that on the 14 day of December, 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.
Intox EC/IR-II: Subject Test

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL
780

Serial Number: 008796
Test Date: 12/14/2012

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: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2011-06/01/2013

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

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:18pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:21pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:23pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780**

Serial Number: 008796  Test Record Number: 1213  
Test Date: 12/14/2012  Test Time: 1:24pm EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

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

---

*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 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 14th day of December, 2012, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802
Test Date: 12/14/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 06/01/2011-06/01/2013

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 2:19pm
AIR BLK .00 2:19pm
ACCY CHK .07 2:20pm
AIR BLK .00 2:21pm
SUB TEST .00 2:22pm
AIR BLK .00 2:23pm
SUB TEST .00 2:24pm
AIR BLK .00 2:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008602    Test Record Number: 481
Test Date: 12/14/2012    Test Time: 2:26pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:26pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:27pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:27pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:27pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:27pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Greene Instrument Location Greene Co. S.O.

Instrument Serial No. D081070 301 N. Greene St. Snow Hill, NC

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

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

I certify that on the 3rd day of December, 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.
Intox EC/IR-II: Subject Test

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670
Test Date: 12/03/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 08/01/2011-08/01/2013

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

Lot Number: AG124201
Exp Date: 08/30/2013

Test g/210L Time
DIAG Pass 10:40am
AIR BLK .00 10:40am
ACCY CHK .07 10:41am
AIR BLK .00 10:42am
SUB TEST .00 10:43am
AIR BLK .00 10:44am
SUB TEST .00 10:45am
AIR BLK .00 10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:48am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

Analyst

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Bertie  Instrument Location: Bertie Co. S.O.
Instrument Serial No.: 008897  104 Dundee St., Windsor, 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 4th day of December, 2018, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897
Test Date: 12/04/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 08/01/2011-08/01/2013

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:28pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:30pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:30pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:31pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:34pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**BERTIE COUNTY BERTIE CO SO 070**

Serial Number: 008897  Test Record Number: 725
Test Date: 12/04/2012  Test Time: 12:35pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:36pm</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 Watauga Instrument Location Watauga Co. Jail

Instrument Serial No. 008715 Boone, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 13 day of December, 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 649

Certificate Number

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715
Test Date: 12/13/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
06/01/2011-06/01/2013

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

Lot Number: AG120101
Exp Date: 07/20/2013

Test  g/210L  Time
DIAG    Pass     3:14pm
AIR BLK .00     3:15pm
ACCY CHK .08     3:16pm
AIR BLK .00     3:17pm
SUB TEST .00     3:18pm
AIR BLK .00     3:19pm
SUB TEST .00     3:20pm
AIR BLK .00     3:21pm

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715    Test Record Number: 1073
Test Date: 12/13/2012    Test Time: 3:22pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:23pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:24pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:24pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:24pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Jackson Instrument Location Jackson Co. Jail

Instrument Serial No. 008711 Sylva, NC

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

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

I certify that on the 15 day of December, 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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008911
Test Date: 12/13/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 11:38am
AIR BLK .00 11:39am
ACY CHK .07 11:40am
AIR BLK .00 11:40am
SUB TEST .00 11:41am
AIR BLK .00 11:42am
SUB TEST .00 11:43am
AIR BLK .00 11:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

JACKSON COUNTY JAIL 490

Serial Number: 008911  Test Record Number: 88
Test Date: 12/13/2012  Test Time: 11:29am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Signed: [Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Jackson  Instrument Location: Jackson Co. Jail

Instrument Serial No: 008722  Sy/va, 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 December, 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 635

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

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722
Test Date: 12/13/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 11:22am
AIR BLK .00 11:22am
ACCY CHK .08 11:23am
AIR BLK .00 11:24am
SUB TEST .00 11:25am
AIR BLK .00 11:26am
SUB TEST .00 11:27am
AIR BLK .00 11:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

**JACKSON COUNTY JAIL 490**

Serial Number: 008722    Test Record Number: 505
Test Date: 12/13/2012    Test Time: 11:29am EST

System Check: *Passed*

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:29am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:30am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: *Pass*

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Transylvania  Instrument Location: Transylvania Co. Jail
Instrument Serial No.: 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 10 day of December, 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]

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: 008609
Test Date: 12/10/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG102602
Exp Date: 01/26/2013

Test g/210L Time

DIAG Pass 1:57pm
AIR BLK .00 1:58pm
ACCY CHK .08 1:58pm
AIR BLK .00 1:59pm
SUB TEST .00 2:00pm
AIR BLK .00 2:01pm
SUB TEST .00 2:02pm
AIR BLK .00 2:03pm

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: 008609    Test Record Number: 458
Test Date: 12/10/2012    Test Time: 2:06pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:06pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of December 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]
Signature of Certifying Official

[Certificate Number]
Intox EC/IR-II: Subject Test

TRANSYLVANIA COUNTY TRANSYLVANIA CO
JAIL 870

Serial Number: 008820
Test Date: 12/10/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG102602
Exp Date: 01/26/2013

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:55pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:00pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820    Test Record Number: 584
Test Date: 12/10/2012    Test Time: 2:07pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:07pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCL</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Clay Instrument Location Clay Co. Jail
Instrument Serial No. 008608 Hayest, 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 7 day of December, 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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608
Test Date: 12/07/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG104101
Exp Date: 02/10/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:50pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:52pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:53pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:55pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:55pm</td>
</tr>
</tbody>
</table>

 Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608    Test Record Number: 894
Test Date: 12/07/2012    Test Time: 1:02pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:03pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:04pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:04pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:04pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:04pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

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 5th day of December, 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]
Signature of Certifying Official

Certificate Number 635

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

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

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618  
Test Date: 12/03/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: AG104101  
Exp Date: 02/10/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:02pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:03pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:06pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:07pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:08pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Macon
Instrument Location: Macon Co. Jail
Instrument Serial No.: 008789
Franklin, NC

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

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

I certify that on the 3 day of December, 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**

**MACON COUNTY MACON COUNTY JAIL 550**

Serial Number: 008789  
Test Date: 12/03/2012

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: AG104101  
Exp Date: 02/10/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:02pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:04pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:05pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>2:06pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>2:07pm</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
MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789    Test Record Number: 286
Test Date: 12/03/2012    Test Time: 2:09pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:09pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Columbus Instrument Location Columbus Co.
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 5th day of December, 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.
Intox EC/IR-II: Subject Test

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875
Test Date: 12/05/2012

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: AG123502
Exp Date: 08/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:34pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:35pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:39pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

-----

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875   Test Record Number: 1049
Test Date: 12/05/2012   Test Time: 12:45pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:46pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:47pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

K. C. Moses
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. 008818

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

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

I certify that on the 5 day of December, 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.
Intox EC/IR-II: Subject Test

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818
Test Date: 12/05/2012

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. L. Rhodes

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818    Test Record Number: 567
Test Date: 12/05/2012    Test Time: 11:35am EST

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>11:35am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:35am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]
Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 5th day of December, 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.
Intox EC/IR-II: Subject Test

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894
Test Date: 12/05/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG108202
Exp Date: 03/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:18am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:18am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:19am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:20am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:21am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:23am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:24am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Rhodes
Analyst

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894    Test Record Number: 559
Test Date: 12/05/2012    Test Time: 11:26am EST

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>11:26am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:26am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:27am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

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 CARTERET
Instrument Location EMERALD ISLE A.D.

Instrument Serial No. 008620

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

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

I certify that on the 11 day of December, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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
CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620
Test Date: 12/11/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, 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   10:53am
AIR BLK  .00   10:54am
ACCY CHK .08   10:55am
AIR BLK  .00   10:56am
SUB TEST .00   10:56am
AIR BLK  .00   10:57am
SUB TEST .00   10:59am
AIR BLK  .00   10:59am

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**

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620  Test Record Number: 1414
Test Date: 12/11/2012  Test Time: 11:00am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:00am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:01am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

**Rand E. Hall**
Analyst

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

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

I certify that on the 10 day of December, 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.
Intox EC/IR-II: Subject Test

ONSLow COUNTY MCAS NEW RIVER 660

Serial Number: 008922
Test Date: 12/06/2012

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

 Analyst's Name: HALL, RANDY E
 Permit Number: 03462E
 Effective: 09/01/2011-09/01/2013

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

 Lot Number: AG124904
Exp Date: 09/06/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:38pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:38pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:39pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:40pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:40pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:41pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:43pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:44pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst: [Signature]

Court CVR


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

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922    Test Record Number: 209
Test Date: 12/06/2012    Test Time: 12:44pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:44pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:45pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

**Randy E. Hall**
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Onslow
Instrument Location: Onslow County

Instrument Serial No: 008931
Sheriff's Office

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

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

I certify that on the 60 day of December, 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.

Randy E. Hall
Signature of Certifying Official

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931
Test Date: 12/06/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
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

Test     g/210L     Time

     DIAG       Pass     12:00pm
     AIR BLK     .00     12:01pm
     ACCY CHK    .08     12:02pm
     AIR BLK     .00     12:02pm
     SUB TEST    .00     12:03pm
     AIR BLK     .00     12:04pm
     SUB TEST    .00     12:05pm
     AIR BLK     .00     12:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931    Test Record Number: 1775
Test Date: 12/06/2012    Test Time: 12:07pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Randy E. Hail
Analyst

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

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

I certify that on the 6th day of December, 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.
Intox EC/IR-II: Subject Test

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932
Test Date: 12/06/2012

Citation Number: MG0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 09/01/2011-09/01/2013

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

Lot Number: AG202602
Exp Date: 01/26/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:00pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:01pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:04pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:05pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature] RANDY E HALL

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:08pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:09pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:09pm</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 Onslow Instrument Location Jacksonville A.D.

Instrument Serial No. 008930

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

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

I certify that on the 6 day of December, 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

354
Certificate 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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930
Test Date: 12/06/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**ONSLOW COUNTY JACKSONVILLE PD 660**

Serial Number: 008930    Test Record Number: 1791
Test Date: 12/06/2012    Test Time: 11:32am EST

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>11:32am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:32am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:33am</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

**Randy E. Hall**

**Analyst**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __ONSLOW__ Instrument Location __CAMP LEJEUNE PMO__

Instrument Serial No. __008720__

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

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

I certify that on the ___6___ day of __DECEMBER__, __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.
Intox EC/IR-II: Subject Test

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920
Test Date: 12/06/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG202602
Exp Date: 01/26/2014

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:31am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:32am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:33am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:36am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920  Test Record Number: 706
Test Date: 12/06/2012  Test Time: 10:41am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:42am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:43am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

 análst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Jones Instrument Location Jones County

Instrument Serial No. 008705 Sheriff's Office

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

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

I certify that on the 60 day of December, 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

JONES COUNTY  JONES COUNTY  SD  510

Serial Number: 008705  
Test Date: 12/06/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 09/01/2011-09/01/2013

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

Lot Number: AG203103
Exp Date: 01/31/2014

Test    g/210L    Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>2:11pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>2:12pm</td>
<td></td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td>2:13pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>2:14pm</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>2:14pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>2:15pm</td>
<td></td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>2:16pm</td>
<td></td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>2:17pm</td>
<td></td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E Hall

Analyst

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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705    Test Record Number: 777
Test Date: 12/06/2012    Test Time: 2:18pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>2:18pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>2:19pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>2:19pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>2:19pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:19pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CARTERET Instrument Location ATLANTIC BEACH A.D.
Instrument Serial No. 008785

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

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

I certify that on the 11 day of December, 2012 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785
Test Date: 12/11/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG202602
Exp Date: 01/26/2014

Test     g/210L  Time
DIAG     Pass   11:43am
AIR BLK .00    11:44am
ACCY CHK .07   11:45am
AIR BLK .00    11:45am
SUB TEST .00   11:46am
AIR BLK .00    11:47am
SUB TEST .00   11:48am
AIR BLK .00    11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Randy E. Hall
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

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785    Test Record Number: 594
Test Date: 12/11/2012    Test Time: 11:49am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:51am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CARTERET Instrument Location CARTERET County

Instrument Serial No. 008882 SHERIFF'S OFFICE

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 11 day of DECEMBER 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: [Signature]
Certificate Number: 354

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

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882
Test Date: 12/11/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test g/210L Time

DIAG  Pass  12:24pm
AIR BLK .00  12:25pm
ACCY CHK .07  12:26pm
AIR BLK .00  12:27pm
SUB TEST .00  12:28pm
AIR BLK .00  12:29pm
SUB TEST .00  12:30pm
AIR BLK .00  12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**Baseline Tests**

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

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:32pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

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

Preventive Maintenance Status: Pass

---

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 Carteret Instrument Location Carteret County

Instrument Serial No. 008605 Sheriff's Office

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

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

I certify that on the 11 day of December, 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.

Renée M. Hall
Signature of Certifying Official

Certificate Number 354

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

DHHS 4080 (11/07)
CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605
Test Date: 12/11/2012

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

 Analyst's Name: HALL, RANDY E
 Permit Number: 03462E
 Effective:
 09/01/2011-09/01/2013

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

Lot Number: AG123501
Exp Date: 08/23/2013

Test    g/210L   Time
-----    ------   ----
DIAG     Pass     12:25pm
AIR BLK  .00     12:26pm
ACCY CHK .07     12:27pm
AIR BLK  .00     12:28pm
SUB TEST .00     12:29pm
AIR BLK  .00     12:29pm
SUB TEST .00     12:31pm
AIR BLK  .00     12:32pm

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605  Test Record Number: 2662
Test Date: 12/11/2012  Test Time: 12:32pm EST

System Check: Passed

Baseline Tests

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

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:33pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:34pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Randy E. Hall
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 CARTERET
Instrument Location MOREHEAD CITY P.O.
Instrument Serial No. 008731

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 11 day of December 2012, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731
Test Date: 12/11/2012

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
09/01/2011-09/01/2013

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

Lot Number: AG124904
Exp Date: 09/06/2013

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:17pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:18pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:19pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:19pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:20pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:22pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:23pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature] Rand E Hall

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731    Test Record Number: 1261
Test Date: 12/11/2012    Test Time: 1:23pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:23pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:24pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:25pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Randy E Hall
Analyst

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

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

I certify that on the 8th day of December, 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: [Signature]
Certificate Number: 601

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898
Test Date: 12/08/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG201802
Exp Date: 01/18/2014

Test g/210L Time

DIAG Pass 6:56pm
AIR BLK .00 6:57pm
ACCY CHK .07 6:57pm
AIR BLK .00 6:58pm
SUB TEST .00 6:59pm
AIR BLK .00 7:00pm
SUB TEST .00 7:01pm
AIR BLK .00 7:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898    Test Record Number: 869
Test Date: 12/08/2012    Test Time: 7:03pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:03pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>7:04pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>7:04pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>7:04pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:04pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: __Dixon__  Instrument Location: __B&G mobile unit__

Instrument Serial No. __008898__  __Jacksonville 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 7__ day of December, 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]

Signature of Certifying Official

Certificate Number

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

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

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 0C8898
Test Date: 12/07/2012

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: 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: AG201802
Exp Date: 01/18/2014

Test g/210L Time
DIAG Pass 7:24pm
AIR BLK .00 7:25pm
ACCY CHK .07 7:25pm
AIR BLK .00 7:26pm
SUB TEST .00 7:27pm
AIR BLK .00 7:28pm
SUB TEST .00 7:29pm
AIR BLK .00 7:30pm

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

**ONSLOW COUNTY BAT MOBILE UNIT 6 660**

Serial Number: 008898    Test Record Number: 866  
Test Date: 12/07/2012    Test Time: 7:37pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>DFT</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>7:38pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>7:39pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>7:39pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>7:39pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>7:39pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County _Gaston_ Instrument Location _Belmont PD_

Instrument Serial No. 008733 201 Chronic St., Belmont
204-825-3792

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 7th day of December, 2017 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**GASTON COUNTY BELMONT PD 350**

Serial Number: 008733  
Test Date: 12/07/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:56am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:57am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:58am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:59am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:59am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:00am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:02am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:03am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

GASTON COUNTY BELMONT PD 350

Serial Number: 008733  Test Record Number: 706
Test Date: 12/07/2012  Test Time: 10:04am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCT</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:05am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Gaston  Instrument Location  Gaston County S.D.
Instrument Serial No.  008706  425 N. Marietta St., Gastonia

704-867-6800

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008706
Test Date: 12/07/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:12am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:13am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:14am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:15am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:17am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:17am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**Gaston County Gaston County SD 350**

**Serial Number:** 008706  
**Test Record Number:** 2665  
**Test Date:** 12/07/2012  
**Test Time:** 9:19am EST

## System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:21am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:21am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:21am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:21am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Cleveland
Instrument Location: Kings Mountain P.D.
Instrument Serial No: 008910
Address: 12 S. Redmon 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 0.2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6th day of December, 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]
Signature of Certifying Official

Certificate Number 656

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

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

CLEVELAND COUNTY KINGS MOUNTAIN PD 220

Serial Number: 008910
Test Date: 12/06/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG124903
Exp Date: 09/06/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:04am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:05am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:06am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:07am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:07am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:08am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:10am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:11am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**CLEVELAND COUNTY KINGS MOUNTAIN PD 220**

Serial Number: 008910  Test Record Number: 412  
Test Date: 12/06/2012  Test Time: 10:19am EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:19am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:20am</td>
</tr>
</tbody>
</table>

**Blank Tests**

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

**Printer Tests**

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

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**  
Status: Pass

![Signature]

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Rutherford Instrument Location Rutherford County SD
Instrument Serial No. 008914 400 N. Washington St. Rutherfordton
828-687-6247

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

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

**RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800**

Serial Number: 008914    Test Record Number: 1083
Test Date: 12/10/2012    Test Time: 9:18am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:19am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:20am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914
Test Date: 12/10/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG120101
Exp Date: 07/20/2013

Test g/210L Time
DIAG Pass 9:24am
AIR BLK .00 9:24am
ACCY CHK .07 9:25am
AIR BLK .00 9:26am
SUB TEST .00 9:27am
AIR BLK .00 9:28am
SUB TEST .00 9:29am
AIR BLK .00 9:30am

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 10th day of December, 2000, 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**

**POLK COUNTY POLK COUNTY SD 740**

Serial Number: 008832  
Test Date: 12/10/2012

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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: AG123502  
Exp Date: 08/23/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:28am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:31am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:34am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**POLK COUNTY POLK COUNTY SD 740**

Serial Number: 0038332  Test Record Number: 716  
Test Date: 12/10/2012  Test Time: 10:22am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:23am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:24am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

*Rev. 12/2007*
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph
Instrument Location: Liberty Police Dept.

Instrument Serial No.: 0083C

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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: [Signature]
Certificate Number: 651

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

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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830
Test Date: 12/13/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 09/01/2011-09/01/2013

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

Lot Number: AG124904
Exp Date: 09/06/2013

Test  g/210L  Time

DIAG  Pass  9:23am
AIR BLK .00  9:23am
ACCY CHK .08  9:24am
AIR BLK .00  9:25am
SUB TEST .00  9:25am
AIR BLK .00  9:26am
SUB TEST .00  9:28am
AIR BLK .00  9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:30am</td>
</tr>
</tbody>
</table>

Blank Tests

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

Printer Tests

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

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:31am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Randolph Instrument Location Randolph Co. Jail

Instrument Serial No. CO8299 Asheboro, NC

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

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

I certify that on the 14th day of December, 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

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**

**RANDOLPH COUNTY RANDOLPH CO. JAIL 750**

Serial Number: 008899  
Test Date: 12/14/2012

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 09/01/2011-09/01/2013

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

Lot Number: AG203902  
Exp Date: 02/08/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:31am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:32am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:32am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:33am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:35am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:36am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899    Test Record Number: 1306
Test Date: 12/14/2012    Test Time: 9:37am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:39am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Randolph
Instrument Location: Randolph Co. Jail
Instrument Serial No.: 008860
Ashboro, 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 December, 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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008860
Test Date: 12/14/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:28am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:30am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:31am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:33am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:34am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860    Test Record Number: 1734
Test Date: 12/14/2012    Test Time: 9:36am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:37am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:38am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 13th day of December, 2019, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737
Test Date: 12/13/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 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 10:37am
AIR BLK .00 10:38am
ACCY CHK .08 10:39am
AIR BLK .00 10:39am
SUB TEST .00 10:40am
AIR BLK .00 10:41am
SUB TEST .00 10:43am
AIR BLK .00 10:44am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

**RANDOLPH COUNTY RANDLEMAN PD 750**

Serial Number: 008737   Test Record Number: 566
Test Date: 12/13/2012   Test Time: 10:45am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:45am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County  Montgomery       Instrument Location  Montgomery Co. Jail  
Instrument Serial No.  008863       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 14th day of December, 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  371  

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL
610

Serial Number: 008863  
Test Date: 12/14/2012

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG026603  
Exp Date: 03/06/2014

Test g/210L Time
DIAG Pass 12:28pm
AIR BLK .00 12:29pm
ACCY CHK .08 12:29pm
AIR BLK .00 12:30pm
SUB TEST .00 12:31pm
AIR BLK .00 12:32pm
SUB TEST .00 12:33pm
AIR BLK .00 12:34pm

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  
MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008863    Test Record Number: 125
Test Date: 12/14/2012    Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:35pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:36pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  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 14th day of December, 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 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: 12/14/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>11:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:53am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:53am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:54am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:55am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:56am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:57am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:58am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721       Test Record Number: 713
Test Date: 12/14/2012       Test Time: 12:05pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:06pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:07pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

Durham

Durham

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008600    Test Record Number: 1132
Test Date: 12/08/2012   Test Time: 10:00pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:01pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:02pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

 Analyst

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

**DURHAM COUNTY BAT MOBILE UNIT 5 310**

Serial Number: 008600  
Test Date: 12/08/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:50pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:51pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:52pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:54pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:54pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:57pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L  

Signature of Chemical Analyst

Court CVR

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  Duplin  Instrument Location  BAT Mobile 147

Instrument Serial No.  CO6698  Duplin

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 _December_ 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  656

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

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

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008698    Test Record Number: 905
Test Date: 12/08/2012    Test Time: 10:13pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:15pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

[Signature]

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

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008698
Test Date: 12/08/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG108203
Exp Date: 03/23/2013

Test g/210 L Time

DIAG Pass 9:59pm
AIR BLK .00 10:00pm
ACCY CHK .07 10:01pm
AIR BLK .00 10:02pm
SUB TEST .00 10:03pm
AIR BLK .00 10:05pm
SUB TEST .00 10:06pm
AIR BLK .00

Reported AC: .00 g/210 L

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 8th day of December, 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.
**Intox EC/IR-II: Preventive Maintenance**

**DURHAM COUNTY BAT MOBILE UNIT 5 310**

Serial Number: 008788  Test Record Number: 755  
Test Date: 12/08/2012  Test Time: 10:12pm EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:13pm</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:14pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

---

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

DURHAM COUNTY BAT MOBILE UNIT 5 310

Serial Number: 008788
Test Date: 12/08/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Blk</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:56pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:57pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:57pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:58pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:59pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:02pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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 7th day of DEC, 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]
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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647
Test Date: 12/07/2012

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: AG203903
Exp Date: 02/08/2014

Test g/210L Time
DIAG Pass 10:37pm
AIR BLK .00 10:38pm
ACCY CHK .08 10:39pm
AIR BLK .00 10:40pm
SUB TEST .00 10:40pm
AIR BLK .00 10:41pm
SUB TEST .00 10:43pm
AIR BLK .00 10:43pm

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**

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647    Test Record Number: 1538
Test Date: 12/07/2012    Test Time: 10:44pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:45pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:46pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:46pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:46pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:46pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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 7th day of DEC, 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]
Signature of Certifying Official

[Certificate Number]

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707
Test Date: 12/07/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG203902
Exp Date: 02/08/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:44pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:45pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:45pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:45pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:47pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:48pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:49pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:50pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707    Test Record Number: 1601
Test Date: 12/07/2012    Test Time: 10:51pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:52pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:53pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:53pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:53pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:53pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 7 day of DEC, 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]
Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616
Test Date: 12/07/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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 10:59pm
AIR BLK .00 11:00pm
ACCY CHK .08 11:01pm
AIR BLK .00 11:02pm
SUB TEST .00 11:02pm
AIR BLK .00 11:03pm
SUB TEST .00 11:05pm
AIR BLK .00 11:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008616    Test Record Number: 1527  
Test Date: 12/07/2012    Test Time: 11:06pm EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

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

### Printer Tests

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

### CRC Tests

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

Preventive Maintenance  
Status: Pass

[Signature]

Analyst

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County GRANVILLE Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 OXFORD, NC

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

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

I certify that on the 14 day of DEC, 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.
Intox EC/IR-II: Subject Test

GRANVILLE COUNTY BAT MOBILE UNIT 3 380

Serial Number: 008616
Test Date: 12/14/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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>
<thead>
<tr>
<th>Test</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG Pass</td>
<td>9:37pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>9:38pm</td>
</tr>
<tr>
<td>ACCY CHK .08</td>
<td>9:38pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>9:39pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>9:40pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>9:41pm</td>
</tr>
<tr>
<td>SUB TEST .00</td>
<td>9:42pm</td>
</tr>
<tr>
<td>AIR BLK .00</td>
<td>9:43pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>9:44pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>9:45pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>9:45pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:45pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:45pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

Analyst

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

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

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

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG203902
Exp Date: 02/08/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>9:58pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:59pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:00pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:00pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:01pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:02pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:03pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:04pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008707    Test Record Number: 1608
Test Date: 12/21/2012    Test Time: 10:05pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:05pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:06pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Forsyth Instrument Location BAT MOBILE UNIT 3
Instrument Serial No. 008616 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 21 day of December, 2017 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of 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: 008616
Test Date: 12/21/2012

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

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

Test       g/210L  Time
DIAG       Pass  10:00pm
AIR BLK    .00   10:01pm
ACCY CHK   .08   10:01pm
AIR BLK    .00   10:02pm
SUB TEST   .00   10:03pm
AIR BLK    .00   10:04pm
SUB TEST   .00   10:05pm
AIR BLK    .00   10:06pm

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**

**FORSYTH COUNTY BAT MOBILE UNIT 3 330**

Serial Number: 008616    Test Record Number: 1536  
Test Date: 12/21/2012    Test Time: 10:07pm EST

**System Check: Passed**

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:07pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:07pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:07pm</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:08pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance  
Status: Pass

**Analyst**

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

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

I certify that on the 21st day of December, 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]

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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 006827
Test Date: 12/21/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:38am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:39am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:39am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:40am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:42am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:44am</td>
</tr>
</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

**LINCOLN COUNTY COURTHOUSE 540**

Serial Number: 008827  
Test Record Number: 1396  
Test Date: 12/21/2012  
Test Time: 10:45am EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

### Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:46am</td>
</tr>
</tbody>
</table>

### Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

### Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
</tbody>
</table>

### CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:47am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:47am</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 Cabarrus Instrument Location Cabarrus County SoI

Instrument Serial No. 008590 30 Corban Ave, Concord

704-980-3000

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

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

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590
Test Date: 12/20/2012

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

Lot Number: AG202602
Exp Date: 01/26/2014

Test       g/210L    Time

DIAG      Pass     10:59am
AIR BLK    .00     11:00am
ACCY CHK   .07     11:01am
AIR BLK    .00     11:02am
SUB TEST   .00     11:03am
AIR BLK    .00     11:04am
SUB TEST   .00     11:05am
AIR BLK    .00     11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when 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: 1944  
Test Date: 12/20/2012  Test Time: 11:07am EST

System Check: Passed

### Baseline Tests

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

### Temperature Tests

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

### Blank Tests

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

### Printer Tests

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

### CRC Tests

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

Preventive Maintenance
Status: Pass

---

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 S.W. 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 19th day of December, 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: Preventive Maintenance**

**CATAWBA COUNTY HICKORY PD 170**

Serial Number: 008841    Test Record Number: 1148
Test Date: 12/19/2012    Test Time: 1:17pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:18pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:19pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:19pm</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
Intox EC/IR-II: Subject Test

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841
Test Date: 12/19/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: AG203903
Exp Date: 02/08/2014

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:22pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:24pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:28pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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. 005831 100 B Southwest Blvd, Newark

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 19th day of December, 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

[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)
System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance Status: Pass

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

**CATAWBA COUNTY CATAWBA COUNTY SD 170**

Serial Number: 008821  
Test Date: 12/19/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Time</th>
<th>g/210L</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>3:27pm</td>
<td>null</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>3:27pm</td>
<td>.00</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>3:28pm</td>
<td>.07</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>3:29pm</td>
<td>.00</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>3:29pm</td>
<td>.00</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>3:30pm</td>
<td>.00</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>3:32pm</td>
<td>.00</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>3:33pm</td>
<td>.00</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

**Court CVR**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Catawba  Instrument Location Catawba County S.D.

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 19th day of December, 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 656

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

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687    Test Record Number: 1570
Test Date: 12/19/2012   Test Time: 3:09pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>3:09pm</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:10pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Subject Test
CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687
Test Date: 12/19/2012

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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>3:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:15pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:16pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:17pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:17pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:18pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:21pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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. Edmon 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 7th day of December, 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: [Signature]

Certificate Number: 656

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

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

**CLEVELAND COUNTY KINGS MOUNTAIN PD 220**

Serial Number: 008900  Test Record Number: 392  
Test Date: 12/27/2012  Test Time: 10:20am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:21am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:22am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: Pass

---

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

Cleveland County Kings Mountain PD 220

Serial Number: 008900
Test Date: 12/27/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: AG124903
Exp Date: 09/06/2013

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>10:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:27am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:28am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:29am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:30am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:31am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Martin  Instrument Location: Martin Co. S.O.
Instrument Serial No.: 008912  305 E. Main St., Williamson, NC

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

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

I certify that on the 20th day of December, 2017, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912
Test Date: 12/20/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
08/01/2011-08/01/2013

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 11:28am
AIR BLK .00 11:29am
ACCY CHK .07 11:30am
AIR BLK .00 11:31am
SUB TEST .00 11:31am
AIR BLK .00 11:32am
SUB TEST .00 11:34am
AIR BLK .00 11:34am

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

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912    Test Record Number: 588
Test Date: 12/20/2012    Test Time: 11:35am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCL</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>11:36am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:37am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Pitt
Instrument Location: Pitt Co. Detention Center
Instrument Serial No: 0086602
124 Detention Dr., Greenville, 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 19th day of December, 2017 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662
Test Date: 12/19/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 08/01/2011-08/01/2013

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

Baseline Tests

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

Temperature Tests

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

Blank Tests

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

Printer Tests

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

CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Pitt
Instrument Location: Pitt Co. Detention Center

Instrument Serial No: 0086668
124 Detention Dr., Greenville, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 2012, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668
Test Date: 12/19/2012

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 129555E
Effective:
08/01/2011-08/01/2013

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 10:43am
AIR BLK .00 10:44am
ACCY CHK .07 10:45am
AIR BLK .00 10:46am
SUB TEST .00 10:46am
AIR BLK .00 10:47am
SUB TEST .00 10:49am
AIR BLK .00 10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>10:52am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>10:52am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>10:53am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>10:54am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:54am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location RALEIGH

Instrument Serial No. 008600

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

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

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

**WAKE COUNTY BAT MOBILE UNIT 5 910**

- Serial Number: 008600
- Test Date: 12/22/2012

**Citation Number:** M0000000-0

- **Subject's Name:** PREVENTIVE, MAINTENANCE
- **Subject'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

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:09am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:10am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:11am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:11am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:14am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:15am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:16am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:17am</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

**Court CVR**

**Analyst**

---

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600    Test Record Number: 1143
Test Date: 12/22/2012    Test Time: 12:26am EST

System Check: Passed

Baseline Tests

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

Temperature Tests

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

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:27am</td>
</tr>
</tbody>
</table>

Printer Tests

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

CRC Tests

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

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __________________________________________ Instrument Location __________________________

Instrument Serial No. ______________________________ Instrument Type _______________________

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 December, 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 6036

A signed 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: 912
Test Date: 12/22/2012    Test Time: 1:14am EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
</tbody>
</table>

Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCl</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
<tr>
<td>DET</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>1:14am</td>
</tr>
</tbody>
</table>

Blank Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>1:15am</td>
</tr>
</tbody>
</table>

Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>1:15am</td>
</tr>
</tbody>
</table>

CRC Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>1:15am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:15am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698
Test Date: 12/22/2012

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: AG108203
Exp Date: 03/23/2013

Test g/210L Time
DIAG Pass 1:05am
AIR BLK .00 1:06am
ACCY CHK .07 1:06am
AIR BLK .00 1:07am
SUB TEST .00 1:08am
AIR BLK .00 1:09am
SUB TEST .00 1:11am
AIR BLK .00 1:12am

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 22nd day of December, 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 5 910*

Serial Number: 008788  Test Record Number: 761
Test Date: 12/22/2012  Test Time: 12:48am EST

System Check: Passed

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
<tr>
<td>FLO</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
</tbody>
</table>

**Temperature Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>FC1</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
<tr>
<td>SRC</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
<tr>
<td>DFT</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>12:48am</td>
</tr>
</tbody>
</table>

**Blank Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR</td>
<td>Pass</td>
<td>12:49am</td>
</tr>
</tbody>
</table>

**Printer Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>12:49am</td>
</tr>
</tbody>
</table>

**CRC Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>12:49am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:49am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

**Analyst**

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

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

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788
Test Date: 12/22/2012

Citation 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: 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: PTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502
Exp Date: 08/23/2013

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>12:37am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:38am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:39am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:40am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:41am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:42am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:43am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:44am</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