DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. 008907 109 S. MAPLE ST. GRAHAM, NC

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

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

I certify that on the 06 day of DECEMBER, 20 17 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

639
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALAMANCE COUNTY ALAMANCE CO. JAIL 000*

Serial Number: *008907*
Test Date: *12/06/2019*

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

Analyst's Name: *Smith, Brian D*
Permit Number: *0032-6608*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:06pm |
| AIR BLK | .00 | 3:07pm |
| ACCY CHK | .08 | 3:08pm |
| AIR BLK | .00 | 3:09pm |
| **SUB TEST** | **.00** | **3:09pm** |
| AIR BLK | .00 | 3:10pm |
| **SUB TEST** | **.00** | **3:12pm** |
| AIR BLK | .00 | 3:13pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ALAMANCE COUNTY ALAMANCE CO. JAIL 000*

Serial Number: *008907* Test Record Number: *971*
Test Date: *12/06/2019* Test Time: *3:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:13pm |
| FLO | Pass | 3:13pm |
| FC | Pass | 3:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:13pm |
| SRC | Pass | 3:13pm |
| DET | Pass | 3:13pm |
| BAR | Pass | 3:13pm |
| BT | Pass | 3:13pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:14pm |
| CAL | Pass | 3:14pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Alamance Instrument Location Alamance Co Jail

Instrument Serial No. 008853 109 S. Maple St Graham, NC

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

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

I certify that on the 6 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

662
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALAMANCE COUNTY ALAMANCE CO. JAIL 000*

Serial Number: *008853*
Test Date: *12/06/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:36pm |
| AIR BLK | .00 | 2:37pm |
| ACCY CHK | .08 | 2:37pm |
| AIR BLK | .00 | 2:38pm |
| **SUB TEST** | **.00** | **2:39pm** |
| AIR BLK | .00 | 2:40pm |
| **SUB TEST** | **.00** | **2:42pm** |
| AIR BLK | .00 | 2:42pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*ALAMANCE COUNTY ALAMANCE CO. JAIL 000*

Serial Number: *008853* Test Record Number: *2968*
Test Date: *12/06/2019* Test Time: *2:47pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:47pm |
| FLO | Pass | 2:47pm |
| FC | Pass | 2:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:47pm |
| SRC | Pass | 2:47pm |
| DET | Pass | 2:47pm |
| BAR | Pass | 2:47pm |
| BT | Pass | 2:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:48pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:48pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:48pm |
| CAL | Pass | 2:48pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County ALAMANCE Instrument Location ALAMANCE CO JAIL

Instrument Serial No. 008913 109 S. Maple St. GRAHAM, NC

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

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

I certify that on the 30 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

662
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ALAMANCE COUNTY ALAMANCE CO. JAIL 000*

Serial Number: *008913*
Test Date: *12/30/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:51am |
| AIR BLK | .00 | 10:51am |
| ACCY CHK | .08 | 10:52am |
| AIR BLK | .00 | 10:53am |
| **SUB TEST** | **.00** | **10:55am** |
| AIR BLK | .00 | 10:56am |
| **SUB TEST** | **.00** | **10:58am** |
| AIR BLK | .00 | 10:59am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ALAMANCE COUNTY ALAMANCE CO. JAIL 000*

Serial Number: *008913* Test Record Number: *3775*
Test Date: *12/30/2019* Test Time: *11:00am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:00am |
| FLO | Pass | 11:00am |
| FC | Pass | 11:00am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:00am |
| SRC | Pass | 11:00am |
| DET | Pass | 11:00am |
| BAR | Pass | 11:00am |
| BT | Pass | 11:00am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:01am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:01am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:01am |
| CAL | Pass | 11:01am |

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 Alexander Instrument Location Alexander County SO

Instrument Serial No. 008813 91 Commercial Park Ave., Taylorsville

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

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

**I certify that on the 12 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

*ALEXANDER COUNTY ALEXANDER COUNTY SO*
*010*

Serial Number: *008813*
Test Date: *12/12/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:35pm |
| AIR BLK | .00 | 1:36pm |
| ACCY CHK | .08 | 1:37pm |
| AIR BLK | .00 | 1:38pm |
| **SUB TEST** | **.00** | **1:39pm** |
| AIR BLK | .00 | 1:40pm |
| **SUB TEST** | **.00** | **1:41pm** |
| AIR BLK | .00 | 1:42pm |

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

*ALEXANDER COUNTY ALEXANDER COUNTY SO 010*

Serial Number: *008813* Test Record Number: *1912*
Test Date: *12/12/2019* Test Time: *1:44pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:44pm |
| FLO | Pass | 1:44pm |
| FC | Pass | 1:45pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:45pm |
| SRC | Pass | 1:45pm |
| DET | Pass | 1:45pm |
| BAR | Pass | 1:45pm |
| BT | Pass | 1:45pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:45pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:45pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:45pm |
| CAL | Pass | 1:45pm |

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 Alleghany Instrument Location Alleghany County Jail Sparta, NC

Instrument Serial No. 008890

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

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

**I certify that on the 17th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

655
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**

*ALLEGHANY COUNTY ALLEGHANY CO JAIL 020*

Serial Number: *008890*
Test Date: *12/17/2019*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:10pm |
| AIR BLK | .00 | 12:10pm |
| ACCY CHK | .07 | 12:11pm |
| AIR BLK | .00 | 12:12pm |
| **SUB TEST** | **.00** | **12:13pm** |
| AIR BLK | .00 | 12:14pm |
| **SUB TEST** | **.00** | **12:15pm** |
| AIR BLK | .00 | 12:16pm |

**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: *791*
Test Date: *12/17/2019* Test Time: *12:22pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:22pm |
| FLO | Pass | 12:22pm |
| FC | Pass | 12:22pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:22pm |
| SRC | Pass | 12:22pm |
| DET | Pass | 12:22pm |
| BAR | Pass | 12:22pm |
| BT | Pass | 12:22pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:23pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:23pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:23pm |
| CAL | Pass | 12:23pm |

Preventive Maintenance
Status: Pass

C Dale Farley
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Anson Co. Instrument Location Anson Co. Sheriff Office

Instrument Serial No. 008591 Wadesboro, 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 31th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY SHERIFF'S OFFICE 030*

Serial Number: *008597*
Test Date: *12/31/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:48am |
| AIR BLK | .00 | 11:49am |
| ACCY CHK | .08 | 11:50am |
| AIR BLK | .00 | 11:50am |
| **SUB TEST** | **.00** | **11:51am** |
| AIR BLK | .00 | 11:52am |
| **SUB TEST** | **.00** | **11:54am** |
| AIR BLK | .00 | 11:55am |

**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

*ANSON COUNTY SHERIFF'S OFFICE 030*

Serial Number: *008597* Test Record Number: *1738*
Test Date: *12/31/2019* Test Time: *11:56am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:56am |
| FLO | Pass | 11:56am |
| FC | Pass | 11:56am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:57am |
| SRC | Pass | 11:57am |
| DET | Pass | 11:57am |
| BAR | Pass | 11:57am |
| BT | Pass | 11:57am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:57am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:57am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:57am |
| CAL | Pass | 11:57am |

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 Anson Co. Instrument Location Anson Co. Sheriff Office

Instrument Serial No. 008739 Wadesboro, 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 31th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ANSON COUNTY SHERIFF'S OFFICE 030*

Serial Number: *008739*
Test Date: *12/31/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:50am |
| AIR BLK | .00 | 11:50am |
| ACCY CHK | .08 | 11:51am |
| AIR BLK | .00 | 11:52am |
| **SUB TEST** | **.00** | **11:53am** |
| AIR BLK | .00 | 11:54am |
| **SUB TEST** | **.00** | **11:55am** |
| AIR BLK | .00 | 11:56am |

**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**

*ANSON COUNTY SHERIFF'S OFFICE 030*

Serial Number: *008739* Test Record Number: *482*
Test Date: *12/31/2019* Test Time: *11:57am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:58am |
| SRC | Pass | 11:58am |
| DET | Pass | 11:58am |
| BAR | Pass | 11:58am |
| BT | Pass | 11:58am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:58am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:58am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

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 Ashe Instrument Location Ashe

Instrument Serial No. 008849 County Jail 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 17th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Dale Farley — Signature of Certifying Official

655 — 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**

*ASHE COUNTY ASHE COUNTY JAIL 040*

Serial Number: *008849*
Test Date: *12/17/2019*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:29pm |
| AIR BLK | .00 | 2:30pm |
| ACCY CHK | .07 | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| **SUB TEST** | **.00** | **2:33pm** |
| AIR BLK | .00 | 2:34pm |
| **SUB TEST** | **.00** | **2:35pm** |
| AIR BLK | .00 | 2:36pm |

**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

*ASHE COUNTY ASHE COUNTY JAIL 040*

Serial Number: *008849* Test Record Number: *1310*
Test Date: *12/17/2019* Test Time: *2:39pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:40pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:40pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:40pm |
| CAL | Pass | 2:40pm |

Preventive Maintenance
Status: Pass

C. Dale Farley
**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location Belhaven P.D.

Instrument Serial No. 008928 Belhaven, 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 17th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BEAUFORT COUNTY BELHAVEN PD 060*

Serial Number: *008928*
Test Date: *12/17/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

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

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*BEAUFORT COUNTY BELHAVEN PD 060*

Serial Number: *008928* Test Record Number: *406*
Test Date: *12/17/2019* Test Time: *11:12am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:12am |
| FLO | Pass | 11:12am |
| FC | Pass | 11:12am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:12am |
| SRC | Pass | 11:12am |
| DET | Pass | 11:12am |
| BAR | Pass | 11:12am |
| BT | Pass | 11:12am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:13am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:13am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:13am |
| CAL | Pass | 11:13am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Beaufort Instrument Location Beaufort Co. Courthouse

Instrument Serial No. 008851 102 E. 2nd St., Washington, N.C.

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

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

**I certify that on the 23rd day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BEAUFORT COUNTY COURTHOUSE 060*

Serial Number: *008851*
Test Date: *12/23/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:56am |
| AIR BLK | .00 | 9:56am |
| ACCY CHK | .08 | 9:57am |
| AIR BLK | .00 | 9:58am |
| **SUB TEST** | **.00** | **9:58am** |
| AIR BLK | .00 | 9:59am |
| **SUB TEST** | **.00** | **10:00am** |
| AIR BLK | .00 | 10:01am |

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

Signature of ~~Chemical~~ Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*BEAUFORT COUNTY COURTHOUSE 060*

Serial Number: *008851* Test Record Number: *656*
Test Date: *12/23/2019* Test Time: *10:02am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:03am |
| FLO | Pass | 10:03am |
| FC | Pass | 10:03am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:03am |
| SRC | Pass | 10:03am |
| DET | Pass | 10:03am |
| BAR | Pass | 10:03am |
| BT | Pass | 10:03am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:04am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:04am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:04am |
| CAL | Pass | 10:04am |

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 222 County Farm Rd., Windsor, N.C.

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

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

**I certify that on the 16th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
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: *12/16/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:47am |
| AIR BLK | .00 | 11:47am |
| ACCY CHK | .08 | 11:48am |
| AIR BLK | .00 | 11:49am |
| **SUB TEST** | **.00** | **11:50am** |
| AIR BLK | .00 | 11:50am |
| **SUB TEST** | **.00** | **11:52am** |
| AIR BLK | .00 | 11:53am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when 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: *1295*
Test Date: *12/16/2019* Test Time: *11:54am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:55am |
| FLO | Pass | 11:55am |
| FC | Pass | 11:55am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:55am |
| SRC | Pass | 11:55am |
| DET | Pass | 11:55am |
| BAR | Pass | 11:55am |
| BT | Pass | 11:55am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:56am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:56am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:56am |
| CAL | Pass | 11:56am |

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 BLADEN Instrument Location BLADEN COUNTY

Instrument Serial No. 008894 DETENTION CENTER

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

64E
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BLADEN COUNTY DETENTION CENTER 080*

Serial Number: *008894*
Test Date: *12/20/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:34am |
| AIR BLK | .00 | 10:35am |
| ACCY CHK | .08 | 10:35am |
| AIR BLK | .00 | 10:37am |
| **SUB TEST** | **.00** | **10:37am** |
| AIR BLK | .00 | 10:38am |
| **SUB TEST** | **.00** | **10:40am** |
| AIR BLK | .00 | 10:41am |

**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**

# Intox EC/IR-II: Preventive Maintenance

*BLADEN COUNTY DETENTION CENTER 080*

Serial Number: *008894* Test Record Number: *1194*
Test Date: *12/20/2019* Test Time: *10:42am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:42am |
| FLO | Pass | 10:42am |
| FC | Pass | 10:42am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:42am |
| SRC | Pass | 10:42am |
| DET | Pass | 10:42am |
| BAR | Pass | 10:42am |
| BT | Pass | 10:42am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:43am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:43am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:43am |
| CAL | Pass | 10:43am |

Preventive Maintenance
Status: Pass

**Analyst**

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

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BLADEN COUNTY DETENTION CENTER 080*

Serial Number: *008818*
Test Date: *12/20/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:32am |
| AIR BLK | .00 | 10:33am |
| ACCY CHK | .08 | 10:34am |
| AIR BLK | .00 | 10:35am |
| **SUB TEST** | **.00** | **10:36am** |
| AIR BLK | .00 | 10:37am |
| **SUB TEST** | **.00** | **10:38am** |
| AIR BLK | .00 | 10:39am |

**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

*BLADEN COUNTY DETENTION CENTER 080*

Serial Number: *008818* Test Record Number: *1576*
Test Date: *12/20/2019* Test Time: *10:40am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:41am |
| FLO | Pass | 10:41am |
| FC | Pass | 10:41am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:41am |
| SRC | Pass | 10:41am |
| DET | Pass | 10:41am |
| BAR | Pass | 10:41am |
| BT | Pass | 10:41am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:42am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:42am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:42am |
| CAL | Pass | 10:42am |

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 BRUNSWICK COUNTY DETENTION CENTER

Instrument Serial No. 008602

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

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

**I certify that on the 2 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

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

*BRUNSWICK COUNTY DETENTION CENTER 090*

Serial Number: *008602* Test Record Number: *4474*
Test Date: *12/02/2019* Test Time: *1:07pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:07pm |
| FLO | Pass | 1:07pm |
| FC | Pass | 1:07pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:07pm |
| SRC | Pass | 1:07pm |
| DET | Pass | 1:07pm |
| BAR | Pass | 1:07pm |
| BT | Pass | 1:07pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:08pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:08pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:08pm |
| CAL | Pass | 1:08pm |

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**

*BRUNSWICK COUNTY DETENTION CENTER 090*

Serial Number: *008602*
Test Date: *12/02/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:59pm |
| AIR BLK | .00 | 1:00pm |
| ACCY CHK | .07 | 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

Alvin Ray Barnes

**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 BRUNSWICK COUNTY

Instrument Serial No. 008585 DETENTION CENTER

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

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

**I certify that on the 2 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BRUNSWICK COUNTY DETENTION CENTER 090*

Serial Number: *008585*
Test Date: *12/02/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:00pm |
| AIR BLK | .00 | 1:01pm |
| ACCY CHK | .07 | 1:02pm |
| AIR BLK | .00 | 1:03pm |
| **SUB TEST** | **.00** | **1:04pm** |
| AIR BLK | .00 | 1:05pm |
| **SUB TEST** | **.00** | **1:06pm** |
| AIR BLK | .00 | 1:07pm |

**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 DETENTION CENTER 090*

Serial Number: *008585* Test Record Number: *4337*
Test Date: *12/02/2019* Test Time: *1:08pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:08pm |
| FLO | Pass | 1:08pm |
| FC | Pass | 1:08pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:08pm |
| SRC | Pass | 1:08pm |
| DET | Pass | 1:08pm |
| BAR | Pass | 1:08pm |
| BT | Pass | 1:08pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:09pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:09pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:09pm |
| CAL | Pass | 1:09pm |

Preventive Maintenance
Status: Pass

**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 OAK ISLAND

Instrument Serial No. 008648 POLICE DEPT

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

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

**I certify that on the 2 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BRUNSWICK COUNTY OAK ISLAND PD 090*

Serial Number: *008648*
Test Date: *12/02/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:11pm |
| AIR BLK | .00 | 2:12pm |
| ACCY CHK | .07 | 2:12pm |
| AIR BLK | .00 | 2:13pm |
| **SUB TEST** | **.00** | **2:14pm** |
| AIR BLK | .00 | 2:15pm |
| **SUB TEST** | **.00** | **2:16pm** |
| AIR BLK | .00 | 2:17pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*BRUNSWICK COUNTY OAK ISLAND PD 090*

Serial Number: *008648* Test Record Number: *1645*
Test Date: *12/02/2019* Test Time: *2:18pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:18pm |
| FLO | Pass | 2:18pm |
| FC | Pass | 2:18pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:19pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:19pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:19pm |
| CAL | Pass | 2:19pm |

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 SUNSET BEACH

Instrument Serial No. 008874 POLICE DEPT

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

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

**I certify that on the 2 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BRUNSWICK COUNTY SUNSET BEACH PD 090*

Serial Number: *008874*
Test Date: *12/02/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:07pm |
| AIR BLK | .00 | 4:08pm |
| ACCY CHK | .08 | 4:09pm |
| AIR BLK | .00 | 4:10pm |
| **SUB TEST** | **.00** | **4:11pm** |
| AIR BLK | .00 | 4:11pm |
| **SUB TEST** | **.00** | **4:13pm** |
| AIR BLK | .00 | 4:14pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*BRUNSWICK COUNTY SUNSET BEACH PD 090*

Serial Number: *008874* Test Record Number: *688*
Test Date: *12/02/2019* Test Time: *4:14pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:15pm |
| FLO | Pass | 4:15pm |
| FC | Pass | 4:15pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:15pm |
| SRC | Pass | 4:15pm |
| DET | Pass | 4:15pm |
| BAR | Pass | 4:15pm |
| BT | Pass | 4:15pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:15pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:15pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:16pm |
| CAL | Pass | 4:16pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Burke Instrument Location Burke Co Jail

Instrument Serial No. 008904 Morganton

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

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

**I certify that on the 27 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

649
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BURKE COUNTY BURKE-CATAWBA JAIL 110*

Serial Number: *008904*
Test Date: *12/27/2019*

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

Analyst's Name: *BURNETTE, ANTHONY J*
Permit Number: *11304E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:19am |
| AIR BLK | .00 | 11:20am |
| ACCY CHK | .08 | 11:20am |
| AIR BLK | .00 | 11:21am |
| **SUB TEST** | **.00** | **11:22am** |
| AIR BLK | .00 | 11:23am |
| **SUB TEST** | **.00** | **11:25am** |
| AIR BLK | .00 | 11:26am |

**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**

*BURKE COUNTY BURKE-CATAWBA JAIL 110*

Serial Number: *008904* Test Record Number: *2439*
Test Date: *12/27/2019* Test Time: *11:26am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:27am |
| FLO | Pass | 11:27am |
| FC | Pass | 11:27am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:27am |
| SRC | Pass | 11:27am |
| DET | Pass | 11:27am |
| BAR | Pass | 11:27am |
| BT | Pass | 11:27am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:28am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:28am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:28am |
| CAL | Pass | 11:28am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Burke Instrument Location Burke Co. Jail

Instrument Serial No. 008831 Morganton, NC

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

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

**I certify that on the 27 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

649
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*BURKE COUNTY BURKE-CATAWBA JAIL 110*

Serial Number: *008831*
Test Date: *12/27/2019*

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

Analyst's Name: *BURNETTE, ANTHONY J*
Permit Number: *11304E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG919902
Exp Date: 07/28/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:19am |
| AIR BLK | .00 | 11:20am |
| ACCY CHK | .08 | 11:21am |
| AIR BLK | .00 | 11:22am |
| **SUB TEST** | **.00** | **11:22am** |
| AIR BLK | .00 | 11:23am |
| **SUB TEST** | **.00** | **11:25am** |
| AIR BLK | .00 | 11:26am |

**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

*BURKE COUNTY BURKE-CATAWBA JAIL 110*

Serial Number: *008831* Test Record Number: *2197*
Test Date: *12/27/2019* Test Time: *11:28am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:28am |
| FLO | Pass | 11:28am |
| FC | Pass | 11:28am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:29am |
| SRC | Pass | 11:29am |
| DET | Pass | 11:29am |
| BAR | Pass | 11:29am |
| BT | Pass | 11:29am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:29am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:29am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:29am |
| CAL | Pass | 11:29am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008973

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

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

**I certify that on the 12 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

658
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CABARRUS BAT MOBILE UNIT 02 120*

Serial Number: *008973*
Test Date: *12/12/2019*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
*05/01/2019-05/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:33pm |
| AIR BLK | .00 | 8:34pm |
| ACCY CHK | .08 | 8:35pm |
| AIR BLK | .00 | 8:36pm |
| **SUB TEST** | **.00** | **8:36pm** |
| AIR BLK | .00 | 8:37pm |
| **SUB TEST** | **.00** | **8:38pm** |
| AIR BLK | .00 | 8:39pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CABARRUS BAT MOBILE UNIT 02 120*

Serial Number: *008973* Test Record Number: *742*
Test Date: *12/12/2019* Test Time: *8:40pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:41pm |
| FLO | Pass | 8:41pm |
| FC | Pass | 8:41pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:41pm |
| SRC | Pass | 8:41pm |
| DET | Pass | 8:41pm |
| BAR | Pass | 8:41pm |
| BT | Pass | 8:41pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:42pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:42pm |
| CAL | Pass | 8:42pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Bat mobile Unit 2

Instrument Serial No. 008973 Concord 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 20 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

658
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CABARRUS COUNTY BAT MOBILE UNIT 02*
*120*

Serial Number: *008970*
Test Date: *12/20/2019*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
*05/01/2019-05/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:14pm |
| AIR BLK | .00 | 8:15pm |
| ACCY CHK | .08 | 8:16pm |
| AIR BLK | .00 | 8:17pm |
| **SUB TEST** | **.00** | **8:17pm** |
| AIR BLK | .00 | 8:18pm |
| **SUB TEST** | **.00** | **8:19pm** |
| AIR BLK | .00 | 8:20pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CABARRUS COUNTY BAT MOBILE UNIT 02 120*

Serial Number: *008970* Test Record Number: *686*
Test Date: *12/20/2019* Test Time: *8:22pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:22pm |
| FLO | Pass | 8:22pm |
| FC | Pass | 8:22pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:22pm |
| SRC | Pass | 8:22pm |
| DET | Pass | 8:22pm |
| BAR | Pass | 8:22pm |
| BT | Pass | 8:22pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:23pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:23pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:23pm |
| CAL | Pass | 8:23pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cabarrus Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008970 Concord PD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

658
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CABARRUS COUNTY BAT MOBILE UNIT 02*
*120*

Serial Number: *008973*
Test Date: *12/20/2019*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
*05/01/2019-05/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:15pm |
| AIR BLK | .00 | 8:16pm |
| ACCY CHK | .08 | 8:17pm |
| AIR BLK | .00 | 8:18pm |
| **SUB TEST** | **.00** | **8:18pm** |
| AIR BLK | .00 | 8:19pm |
| **SUB TEST** | **.00** | **8:21pm** |
| AIR BLK | .00 | 8:22pm |

**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**

*CABARRUS COUNTY BAT MOBILE UNIT 02 120*

Serial Number: *008973* Test Record Number: *749*
Test Date: *12/20/2019* Test Time: *8:23pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:23pm |
| FLO | Pass | 8:23pm |
| FC | Pass | 8:23pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:24pm |
| SRC | Pass | 8:24pm |
| DET | Pass | 8:24pm |
| BAR | Pass | 8:24pm |
| BT | Pass | 8:24pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:24pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:24pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:24pm |
| CAL | Pass | 8:24pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Camden Instrument Location Camden Co. S.O.

Instrument Serial No. 008940 113 Hwy 343, Camden, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
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**

*CAMDEN COUNTY CAMDEN CO SO 140*

Serial Number: *008940*
Test Date: *12/13/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

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

**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

*CAMDEN COUNTY CAMDEN CO SO 140*

Serial Number: *008940* Test Record Number: *990*
Test Date: *12/13/2019* Test Time: *12:15pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:16pm |
| FLO | Pass | 12:16pm |
| FC | Pass | 12:16pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:16pm |
| SRC | Pass | 12:16pm |
| DET | Pass | 12:16pm |
| BAR | Pass | 12:16pm |
| BT | Pass | 12:16pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:17pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:17pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:17pm |
| CAL | Pass | 12:17pm |

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 Carteret Instrument Location mobile BAT UNIT 12

Instrument Serial No. 008600 Emerald Isle PD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

665
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 BAT MOBILE 12 150*

Serial Number: *008600*
Test Date: *12/21/2019*

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

Analyst's Name: *Anderson, Mark G*
Permit Number: *0013-1517*
Effective:
*09/23/2019-09/23/2021*

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

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

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

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CARTERET COUNTY BAT MOBILE 12 150*

Serial Number: *008600* Test Record Number: *1932*
Test Date: *12/21/2019* Test Time: *9:19pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:19pm |
| FLO | Pass | 9:19pm |
| FC | Pass | 9:20pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:20pm |
| SRC | Pass | 9:20pm |
| DET | Pass | 9:20pm |
| BAR | Pass | 9:20pm |
| BT | Pass | 9:20pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:21pm |
| CAL | Pass | 9:21pm |

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 Carteret Instrument Location mobile BAT UNIT 12

Instrument Serial No. 008788 Emerald Isle 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 21 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

665
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 BAT MOBILE UNIT 12 150*

Serial Number: *008788*
Test Date: *12/21/2019*

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

Analyst's Name: *Anderson, Mark G*
Permit Number: *0013-1517*
Effective:
*09/23/2019-09/23/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:05pm |
| AIR BLK | .00 | 11:06pm |
| ACCY CHK | .08 | 11:06pm |
| AIR BLK | .00 | 11:07pm |
| **SUB TEST** | **.00** | **11:08pm** |
| AIR BLK | .00 | 11:09pm |
| **SUB TEST** | **.00** | **11:10pm** |
| AIR BLK | .00 | 11:11pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when 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 12 150*

Serial Number: *008788* Test Record Number: *1462*
Test Date: *12/21/2019* Test Time: *11:12pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:12pm |
| FLO | Pass | 11:12pm |
| FC | Pass | 11:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:13pm |
| SRC | Pass | 11:13pm |
| DET | Pass | 11:13pm |
| BAR | Pass | 11:13pm |
| BT | Pass | 11:13pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:13pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:13pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:13pm |
| CAL | Pass | 11:13pm |

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 CARTERET Instrument Location CARTERET COUNTY

Instrument Serial No. 008882 DETENTION CENTER

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Alan Ray Barnes
Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CARTERET COUNTY DETENTION CENTER 150*

Serial Number: *008882*
Test Date: *12/19/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:28pm |
| AIR BLK | .00 | 12:29pm |
| ACCY CHK | .08 | 12:30pm |
| AIR BLK | .00 | 12:31pm |
| **SUB TEST** | **.00** | **12:31pm** |
| AIR BLK | .00 | 12:32pm |
| **SUB TEST** | **.00** | **12:34pm** |
| AIR BLK | .00 | 12:35pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CARTERET COUNTY DETENTION CENTER 150*

Serial Number: *008882* Test Record Number: *1918*
Test Date: *12/19/2019* Test Time: *12:36pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:36pm |
| FLO | Pass | 12:36pm |
| FC | Pass | 12:36pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:36pm |
| SRC | Pass | 12:36pm |
| DET | Pass | 12:36pm |
| BAR | Pass | 12:36pm |
| BT | Pass | 12:36pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:37pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:37pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:37pm |
| CAL | Pass | 12:37pm |

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 CARTERET Instrument Location CARTERET COUNTY DETENTION CENTER

Instrument Serial No. 008605

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CARTERET COUNTY DETENTION CENTER 150*

Serial Number: *008605*
Test Date: *12/19/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .07 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| **SUB TEST** | **.00** | **12:27pm** |
| AIR BLK | .00 | 12:28pm |
| **SUB TEST** | **.00** | **12:29pm** |
| AIR BLK | .00 | 12:30pm |

**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 DETENTION CENTER 150*

Serial Number: *008605* Test Record Number: *3915*
Test Date: *12/19/2019* Test Time: *12:31pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:31pm |
| FLO | Pass | 12:31pm |
| FC | Pass | 12:31pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:31pm |
| SRC | Pass | 12:31pm |
| DET | Pass | 12:31pm |
| BAR | Pass | 12:31pm |
| BT | Pass | 12:31pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:32pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:32pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:32pm |
| CAL | Pass | 12:32pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Catawba Instrument Location Hickory PD

Instrument Serial No. 008841 347 2nd Ave. SW Hickory

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

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

**I certify that on the 12 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CATAWBA COUNTY HICKORY PD 170*

Serial Number: *008841*
Test Date: *12/12/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:18am |
| AIR BLK | .00 | 10:19am |
| ACCY CHK | .08 | 10:20am |
| AIR BLK | .00 | 10:21am |
| **SUB TEST** | **.00** | **10:22am** |
| AIR BLK | .00 | 10:23am |
| **SUB TEST** | **.00** | **10:24am** |
| AIR BLK | .00 | 10:25am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CATAWBA COUNTY HICKORY PD 170*

Serial Number: *008841* Test Record Number: *1996*
Test Date: *12/12/2019* Test Time: *10:26am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:27am |
| FLO | Pass | 10:27am |
| FC | Pass | 10:27am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:27am |
| SRC | Pass | 10:27am |
| DET | Pass | 10:27am |
| BAR | Pass | 10:27am |
| BT | Pass | 10:27am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:28am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:28am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:28am |
| CAL | Pass | 10:28am |

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 Catawba Instrument Location Catawba County SO

Instrument Serial No. 008687 100 B. Southwest Blvd, Newton

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

6576
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CATAWBA COUNTY CATAWBA COUNTY SO 170*

Serial Number: *008687*
Test Date: *12/06/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:44pm |
| AIR BLK | .00 | 3:45pm |
| ACCY CHK | .07 | 3:46pm |
| AIR BLK | .00 | 3:47pm |
| **SUB TEST** | **.00** | **3:48pm** |
| AIR BLK | .00 | 3:49pm |
| **SUB TEST** | **.00** | **3:50pm** |
| AIR BLK | .00 | 3:51pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CATAWBA COUNTY CATAWBA COUNTY SO 170*

Serial Number: *008687* Test Record Number: *2995*
Test Date: *12/06/2019* Test Time: *3:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:52pm |
| FLO | Pass | 3:52pm |
| FC | Pass | 3:52pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:52pm |
| SRC | Pass | 3:52pm |
| DET | Pass | 3:52pm |
| BAR | Pass | 3:52pm |
| BT | Pass | 3:52pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:53pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:53pm |
| CAL | Pass | 3:53pm |

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 Catawba Instrument Location Catawba County SO

Instrument Serial No. 008821 100 B. Southwest Blvd, Newton

---

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

6576
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CATAWBA COUNTY CATAWBA COUNTY SO 170*

Serial Number: *008821*
Test Date: *12/06/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:37pm |
| AIR BLK | .00 | 3:38pm |
| ACCY CHK | .07 | 3:39pm |
| AIR BLK | .00 | 3:40pm |
| **SUB TEST** | **.00** | **3:40pm** |
| AIR BLK | .00 | 3:42pm |
| **SUB TEST** | **.00** | **3:43pm** |
| AIR BLK | .00 | 3:45pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CATAWBA COUNTY CATAWBA COUNTY SO 170*

Serial Number: *008821* Test Record Number: *2049*
Test Date: *12/06/2019* Test Time: *3:46pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:46pm |
| FLO | Pass | 3:46pm |
| FC | Pass | 3:46pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:46pm |
| SRC | Pass | 3:46pm |
| DET | Pass | 3:46pm |
| BAR | Pass | 3:46pm |
| BT | Pass | 3:46pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:47pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:47pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:47pm |
| CAL | Pass | 3:47pm |

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 Cherokee Instrument Location Cherokee Co. Jail

Instrument Serial No. 008711 Murphy, NC

---

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

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

**I certify that on the 3rd day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Paul R. Cuffe
Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CHEROKEE COUNTY CHEROKEE COUNTY JAIL*
*190*

Serial Number: *008711*
Test Date: *12/03/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:58am |
| AIR BLK | .00 | 11:59am |
| ACCY CHK | .07 | 12:00pm |
| AIR BLK | .00 | 12:01pm |
| **SUB TEST** | **.00** | **12:01pm** |
| AIR BLK | .00 | 12:02pm |
| **SUB TEST** | **.00** | **12:04pm** |
| AIR BLK | .00 | 12:05pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190*

Serial Number: *008711* Test Record Number: *1045*
Test Date: *12/03/2019* Test Time: *12:06pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:06pm |
| FLO | Pass | 12:06pm |
| FC | Pass | 12:07pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:07pm |
| SRC | Pass | 12:07pm |
| DET | Pass | 12:07pm |
| BAR | Pass | 12:07pm |
| BT | Pass | 12:07pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:08pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:08pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:08pm |
| CAL | Pass | 12:08pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cherokee Instrument Location Cherokee Co. Jail

Instrument Serial No. 008622 Murphy, NC

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

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

**I certify that on the 3rd day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CHEROKEE COUNTY CHEROKEE COUNTY JAIL*
*190*

Serial Number: *008622*
Test Date: *12/03/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:57am |
| AIR BLK | .00 | 11:59am |
| ACCY CHK | .08 | 11:59am |
| AIR BLK | .00 | 12:00pm |
| **SUB TEST** | **.00** | **12:01pm** |
| AIR BLK | .00 | 12:02pm |
| **SUB TEST** | **.00** | **12:03pm** |
| AIR BLK | .00 | 12:04pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190*

Serial Number: *008622* Test Record Number: *1111*
Test Date: *12/03/2019* Test Time: *12:06pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:06pm |
| FLO | Pass | 12:06pm |
| FC | Pass | 12:07pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:07pm |
| SRC | Pass | 12:07pm |
| DET | Pass | 12:07pm |
| BAR | Pass | 12:07pm |
| BT | Pass | 12:07pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:07pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:07pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:08pm |
| CAL | Pass | 12:08pm |

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 Chowan Instrument Location Chowan Co. Public Safety

Instrument Serial No. 008895 Center, 305 Freemason St., Edenton, NC.

---

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

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

**I certify that on the 12th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CHOWAN COUNTY PUBLIC SAFETY CENTER 200*

Serial Number: *008895*
Test Date: *12/12/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:31am |
| AIR BLK | .00 | 10:32am |
| ACCY CHK | .08 | 10:32am |
| AIR BLK | .00 | 10:34am |
| **SUB TEST** | **.00** | **10:34am** |
| AIR BLK | .00 | 10:35am |
| **SUB TEST** | **.00** | **10:37am** |
| AIR BLK | .00 | 10:38am |

**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**

*CHOWAN COUNTY PUBLIC SAFETY CENTER 200*

Serial Number: *008895* Test Record Number: *937*
Test Date: *12/12/2019* Test Time: *10:39am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:40am |
| FLO | Pass | 10:40am |
| FC | Pass | 10:40am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:40am |
| SRC | Pass | 10:40am |
| DET | Pass | 10:40am |
| BAR | Pass | 10:40am |
| BT | Pass | 10:40am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:41am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:41am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:41am |
| CAL | Pass | 10:41am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Cleveland Cnty SO - Annex

Instrument Serial No. 008887 407 McBrayer St, Shelby

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Joseph E. Hutt
Signature of Certifying Official

650
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CLEVELAND COUNTY CLEVELAND SO-ANNEX 220*

Serial Number: *008887*
Test Date: *12/04/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:52pm |
| AIR BLK | .00 | 2:52pm |
| ACCY CHK | .08 | 2:53pm |
| AIR BLK | .00 | 2:54pm |
| **SUB TEST** | **.00** | **2:55pm** |
| AIR BLK | .00 | 2:56pm |
| **SUB TEST** | **.00** | **2:58pm** |
| AIR BLK | .00 | 2:59pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CLEVELAND COUNTY CLEVELAND SO-ANNEX 220*

Serial Number: *008887* Test Record Number: *3035*
Test Date: *12/04/2019* Test Time: *3:00pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:00pm |
| FLO | Pass | 3:00pm |
| FC | Pass | 3:00pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:01pm |
| SRC | Pass | 3:01pm |
| DET | Pass | 3:01pm |
| BAR | Pass | 3:01pm |
| BT | Pass | 3:01pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:01pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:01pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:01pm |
| CAL | Pass | 3:01pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Cleveland Cnty SO-Annex

Instrument Serial No. 008893 407 McBrayer St, Shelby

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

6570
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CLEVELAND COUNTY CLEVELAND SO-ANNEX 220*

Serial Number: *008893*
Test Date: *12/04/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective: *07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:49pm |
| AIR BLK | .00 | 2:50pm |
| ACCY CHK | .08 | 2:51pm |
| AIR BLK | .00 | 2:52pm |
| **SUB TEST** | **.00** | **2:53pm** |
| AIR BLK | .00 | 2:54pm |
| **SUB TEST** | **.00** | **2:56pm** |
| AIR BLK | .00 | 2:57pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CLEVELAND COUNTY CLEVELAND SO-ANNEX 220*

Serial Number: *008893* Test Record Number: *1701*
Test Date: *12/04/2019* Test Time: *2:58pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:58pm |
| FLO | Pass | 2:58pm |
| FC | Pass | 2:58pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:58pm |
| SRC | Pass | 2:58pm |
| DET | Pass | 2:58pm |
| BAR | Pass | 2:58pm |
| BT | Pass | 2:58pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:59pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:59pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:59pm |
| CAL | Pass | 2:59pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Cleveland Instrument Location Kings Mountain PD

Instrument Serial No. 008900 112 S. Piedmont Ave, Kings Mtn

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

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

**I certify that on the** 16th **day of** December, **20** 19, **the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

650
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

*CLEVELAND COUNTY KINGS MOUNTAIN PD 220*

Serial Number: *008900*
Test Date: *12/16/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:16pm |
| AIR BLK | .00 | 3:17pm |
| ACCY CHK | .08 | 3:17pm |
| AIR BLK | .00 | 3:18pm |
| **SUB TEST** | **.00** | **3:19pm** |
| AIR BLK | .00 | 3:20pm |
| **SUB TEST** | **.00** | **3:21pm** |
| AIR BLK | .00 | 3:22pm |

**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

*CLEVELAND COUNTY KINGS MOUNTAIN PD 220*

Serial Number: *008900* Test Record Number: *786*
Test Date: *12/16/2019* Test Time: *3:23pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:24pm |
| FLO | Pass | 3:24pm |
| FC | Pass | 3:24pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:24pm |
| SRC | Pass | 3:24pm |
| DET | Pass | 3:24pm |
| BAR | Pass | 3:24pm |
| BT | Pass | 3:24pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:25pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:25pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:25pm |
| CAL | Pass | 3:25pm |

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 CRAVEN Instrument Location NEW BERN

Instrument Serial No. 008817 POLICE DEPT

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

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

**I certify that on the 4 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CRAVEN COUNTY NEW BERN PD 240*

Serial Number: *008817*
Test Date: *12/04/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:55pm |
| AIR BLK | .00 | 4:55pm |
| ACCY CHK | .08 | 4:56pm |
| AIR BLK | .00 | 4:57pm |
| **SUB TEST** | **.00** | **4:58pm** |
| AIR BLK | .00 | 4:59pm |
| **SUB TEST** | **.00** | **5:00pm** |
| AIR BLK | .00 | 5:01pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CRAVEN COUNTY NEW BERN PD 240*

Serial Number: *008817* Test Record Number: *1520*
Test Date: *12/04/2019* Test Time: *5:02pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:02pm |
| FLO | Pass | 5:02pm |
| FC | Pass | 5:02pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:02pm |
| SRC | Pass | 5:02pm |
| DET | Pass | 5:02pm |
| BAR | Pass | 5:02pm |
| BT | Pass | 5:02pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:03pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:03pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:03pm |
| CAL | Pass | 5:03pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**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 BAT MOBILE UNIT 6

Instrument Serial No. 008550 NEW BERN

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2014, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

463
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CRAVEN COUNTY BAT MOBILE UNIT 6 240*

Serial Number: *008580*
Test Date: *12/21/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| ACCY CHK | .07 | 8:45pm |
| AIR BLK | .00 | 8:46pm |
| **SUB TEST** | **.00** | **8:47pm** |
| AIR BLK | .00 | 8:48pm |
| **SUB TEST** | **.00** | **8:49pm** |
| AIR BLK | .00 | 8:50pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*CRAVEN COUNTY BAT MOBILE UNIT 6 240*

Serial Number: *008580* Test Record Number: *2543*
Test Date: *12/21/2019* Test Time: *8:51pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:51pm |
| FLO | Pass | 8:51pm |
| FC | Pass | 8:52pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:52pm |
| SRC | Pass | 8:52pm |
| DET | Pass | 8:52pm |
| BAR | Pass | 8:52pm |
| BT | Pass | 8:52pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:52pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:52pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:52pm |
| CAL | Pass | 8:52pm |

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 Cumberland Co. Instrument Location Ft. Bragg LEC

Instrument Serial No. C08863 PMD

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, **the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
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**

*CUMBERLAND COUNTY FT BRAGG LEC 250*

Serial Number: *008863*
Test Date: *12/27/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

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

**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 FT BRAGG LEC 250*

Serial Number: *008863* Test Record Number: *740*
Test Date: *12/27/2019* Test Time: *11:15am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:15am |
| FLO | Pass | 11:15am |
| FC | Pass | 11:15am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:15am |
| SRC | Pass | 11:15am |
| DET | Pass | 11:15am |
| BAR | Pass | 11:15am |
| BT | Pass | 11:15am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:16am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:16am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:16am |
| CAL | Pass | 11:16am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Currituck Instrument Location Currituck Co. S.O.

Instrument Serial No. 008947 407-A Maple Rd., Maple, N.C.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*CURRITUCK COUNTY CURRITUCK SO-MAPLE 260*

Serial Number: *008947*
Test Date: *12/13/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:26am |
| AIR BLK | .00 | 11:27am |
| ACCY CHK | .08 | 11:27am |
| AIR BLK | .00 | 11:28am |
| **SUB TEST** | **.00** | **11:29am** |
| AIR BLK | .00 | 11:30am |
| **SUB TEST** | **.00** | **11:32am** |
| AIR BLK | .00 | 11:33am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*CURRITUCK COUNTY CURRITUCK SO-MAPLE 260*

Serial Number: *008947* Test Record Number: *2534*
Test Date: *12/13/2019* Test Time: *11:34am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:35am |
| FLO | Pass | 11:35am |
| FC | Pass | 11:35am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:35am |
| SRC | Pass | 11:35am |
| DET | Pass | 11:35am |
| BAR | Pass | 11:35am |
| BT | Pass | 11:35am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:35am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:35am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:36am |
| CAL | Pass | 11:36am |

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 DUPLIN Instrument Location WALLACE POLICE DEPT

Instrument Serial No. 008901

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*DUPLIN COUNTY WALLACE PD 300*

Serial Number: *008901*
Test Date: *12/29/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:45am |
| AIR BLK | .00 | 12:46am |
| ACCY CHK | .08 | 12:47am |
| AIR BLK | .00 | 12:48am |
| **SUB TEST** | **.00** | **12:48am** |
| AIR BLK | .00 | 12:49am |
| **SUB TEST** | **.00** | **12:51am** |
| AIR BLK | .00 | 12:52am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*DUPLIN COUNTY WALLACE PD 300*

Serial Number: *008901* Test Record Number: *1188*
Test Date: *12/29/2019* Test Time: *12:52am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:53am |
| FLO | Pass | 12:53am |
| FC | Pass | 12:53am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:53am |
| SRC | Pass | 12:53am |
| DET | Pass | 12:53am |
| BAR | Pass | 12:53am |
| BT | Pass | 12:53am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:54am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:54am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:54am |
| CAL | Pass | 12:54am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County FRANKLIN Instrument Location FRANKLIN CO. LEC

Instrument Serial No. 008942 295 T KEMP RD LOUISBURG, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19 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

637
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*FRANKLIN COUNTY FRANKLIN CO. LEC 340*

Serial Number: *008942*
Test Date: *12/20/2019*

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

Analyst's Name: *Smith, Brian D*
Permit Number: *0032-6608*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:34pm |
| AIR BLK | .00 | 4:35pm |
| ACCY CHK | .08 | 4:35pm |
| AIR BLK | .00 | 4:36pm |
| **SUB TEST** | **.00** | **4:37pm** |
| AIR BLK | .00 | 4:37pm |
| **SUB TEST** | **.00** | **4:39pm** |
| AIR BLK | .00 | 4:40pm |

**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**

*FRANKLIN COUNTY FRANKLIN CO. LEC 340*

Serial Number: *008942* Test Record Number: *1845*
Test Date: *12/20/2019* Test Time: *4:43pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:44pm |
| FLO | Pass | 4:44pm |
| FC | Pass | 4:44pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:44pm |
| SRC | Pass | 4:44pm |
| DET | Pass | 4:44pm |
| BAR | Pass | 4:44pm |
| BT | Pass | 4:44pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:45pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:45pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:45pm |
| CAL | Pass | 4:45pm |

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 FRANKLIN Instrument Location FRANKLIN Co. LEC

Instrument Serial No. 008933 285 T KEMP RD LOUISBURG, NC

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

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

I certify that on the 20 day of DECEMBER, 20 19 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

637
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*FRANKLIN COUNTY FRANKLIN CO. LEC 340*

Serial Number: *008933*
Test Date: *12/20/2019*

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

Analyst's Name: *Smith, Brian D*
Permit Number: *0032-6608*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:28pm |
| AIR BLK | .00 | 4:28pm |
| ACCY CHK | .07 | 4:29pm |
| AIR BLK | .00 | 4:30pm |
| **SUB TEST** | **.00** | **4:31pm** |
| AIR BLK | .00 | 4:32pm |
| **SUB TEST** | **.00** | **4:34pm** |
| AIR BLK | .00 | 4:35pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*FRANKLIN COUNTY FRANKLIN CO. LEC 340*

Serial Number: *008933* Test Record Number: *1175*
Test Date: *12/20/2019* Test Time: *4:36pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:36pm |
| FLO | Pass | 4:36pm |
| FC | Pass | 4:36pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:37pm |
| SRC | Pass | 4:37pm |
| DET | Pass | 4:37pm |
| BAR | Pass | 4:37pm |
| BT | Pass | 4:37pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:37pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:37pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:38pm |
| CAL | Pass | 4:38pm |

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 Gaston Instrument Location Gaston County SO

Instrument Serial No. 008910 425 N. Marietta St., Gastonia

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

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

**I certify that on the 13 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GASTON COUNTY GASTON COUNTY SO 350*

Serial Number: *008910*
Test Date: *12/13/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:50am |
| AIR BLK | .00 | 9:51am |
| ACCY CHK | .08 | 9:52am |
| AIR BLK | .00 | 9:53am |
| **SUB TEST** | **.00** | **9:53am** |
| AIR BLK | .00 | 9:54am |
| **SUB TEST** | **.00** | **9:56am** |
| AIR BLK | .00 | 9:56am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*GASTON COUNTY GASTON COUNTY SO 350*

Serial Number: *008910* Test Record Number: *932*
Test Date: *12/13/2019* Test Time: *9:57am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:58am |
| SRC | Pass | 9:58am |
| DET | Pass | 9:58am |
| BAR | Pass | 9:58am |
| BT | Pass | 9:58am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:58am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:58am |

CRC Tests

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

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 Gaston Instrument Location Gaston County SO

Instrument Serial No. 008643 425 N. Marietta St, Gastonia

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GASTON COUNTY GASTON COUNTY SO 350*

Serial Number: *008643*
Test Date: *12/13/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:28am |
| AIR BLK | .00 | 9:29am |
| ACCY CHK | .07 | 9:29am |
| AIR BLK | .00 | 9:31am |
| **SUB TEST** | **.00** | **9:31am** |
| AIR BLK | .00 | 9:32am |
| **SUB TEST** | **.00** | **9:34am** |
| AIR BLK | .00 | 9:35am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*GASTON COUNTY GASTON COUNTY SO 350*

Serial Number: *008643* Test Record Number: *3407*
Test Date: *12/13/2019* Test Time: *9:37am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:38am |
| FLO | Pass | 9:38am |
| FC | Pass | 9:38am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:38am |
| SRC | Pass | 9:38am |
| DET | Pass | 9:38am |
| BAR | Pass | 9:38am |
| BT | Pass | 9:38am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:39am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:39am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:39am |
| CAL | Pass | 9:39am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County GATES Instrument Location GATES Co. S.O.

Instrument Serial No. 008884 202 COURT ST., GATESVILLE, 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 17th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

647
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**

*GATES COUNTY GATES CO SO 360*

Serial Number: *008884*
Test Date: *12/17/2019*

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

Analyst's Name: *Keesler, Linda A*
Permit Number: *0045-5468*
Effective:
*07/08/2019-07/08/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:22pm |
| AIR BLK | .00 | 12:23pm |
| ACCY CHK | .07 | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| **SUB TEST** | **.00** | **12:25pm** |
| AIR BLK | .00 | 12:26pm |
| **SUB TEST** | **.00** | **12:28pm** |
| AIR BLK | .00 | 12:28pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*GATES COUNTY GATES CO SO 360*

Serial Number: *008884* Test Record Number: *930*
Test Date: *12/17/2019* Test Time: *12:29pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:29pm |
| FLO | Pass | 12:29pm |
| FC | Pass | 12:29pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:29pm |
| SRC | Pass | 12:29pm |
| DET | Pass | 12:29pm |
| BAR | Pass | 12:29pm |
| BT | Pass | 12:29pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:30pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:30pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:30pm |
| CAL | Pass | 12:30pm |

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 Graham Instrument Location Graham Co.

Instrument Serial No. 008915 Robbinsville, 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Paul R. Cotton
Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GRAHAM COUNTY GRAHAM COUNTY SD 370*

Serial Number: *008915*
Test Date: *12/03/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:10am |
| AIR BLK | .00 | 10:11am |
| ACCY CHK | .08 | 10:12am |
| AIR BLK | .00 | 10:13am |
| **SUB TEST** | **.00** | **10:14am** |
| AIR BLK | .00 | 10:15am |
| **SUB TEST** | **.00** | **10:16am** |
| AIR BLK | .00 | 10:17am |

**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**

*GRAHAM COUNTY GRAHAM COUNTY SD 370*

Serial Number: *008915* Test Record Number: *783*
Test Date: *12/03/2019* Test Time: *10:19am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:19am |
| FLO | Pass | 10:19am |
| FC | Pass | 10:19am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:20am |
| SRC | Pass | 10:20am |
| DET | Pass | 10:20am |
| BAR | Pass | 10:20am |
| BT | Pass | 10:20am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:20am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:20am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:20am |
| CAL | Pass | 10:20am |

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 ~~Greensboro~~ Guilford Instrument Location Bat Mobile Unit 2

Instrument Serial No. 009970

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

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

**I certify that on the 5 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

658
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

Guilford County
~~GREENSBORO~~ *BAT MOBILE UNIT 02 400*

Serial Number: *008970*
Test Date: *12/05/2019*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
*05/01/2019-05/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| ACCY CHK | .08 | 8:51pm |
| AIR BLK | .00 | 8:52pm |
| **SUB TEST** | **.00** | **8:53pm** |
| AIR BLK | .00 | 8:54pm |
| **SUB TEST** | **.00** | **8:55pm** |
| AIR BLK | .00 | 8:56pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

Guilford County
~~GREENSBORO~~ *BAT MOBILE UNIT 02 400*

Serial Number: *008970* Test Record Number: *681*
Test Date: *12/05/2019* Test Time: *8:58pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:59pm |
| FLO | Pass | 8:59pm |
| FC | Pass | 8:59pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:59pm |
| SRC | Pass | 8:59pm |
| DET | Pass | 8:59pm |
| BAR | Pass | 8:59pm |
| BT | Pass | 8:59pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:00pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:00pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:00pm |
| CAL | Pass | 9:00pm |

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 ~~Greensboro~~ Guilford Instrument Location Bat Mobile Unit 2

Instrument Serial No. 008973

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

658
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

Guilford County
~~GREENSBORO~~ *BAT MOBILE UNIT 02 400*

Serial Number: *008973*
Test Date: *12/05/2019*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
*05/01/2019-05/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:49pm |
| AIR BLK | .00 | 8:50pm |
| ACCY CHK | .08 | 8:50pm |
| AIR BLK | .00 | 8:51pm |
| **SUB TEST** | **.00** | **8:52pm** |
| AIR BLK | .00 | 8:53pm |
| **SUB TEST** | **.00** | **8:54pm** |
| AIR BLK | .00 | 8:55pm |

**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**

Guilford County
~~GREENSBORO~~ *BAT MOBILE UNIT 02 400*

Serial Number: *008973* Test Record Number: *738*
Test Date: *12/05/2019* Test Time: *8:56pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:56pm |
| FLO | Pass | 8:56pm |
| FC | Pass | 8:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:56pm |
| SRC | Pass | 8:56pm |
| DET | Pass | 8:56pm |
| BAR | Pass | 8:56pm |
| BT | Pass | 8:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:57pm |
| CAL | Pass | 8:57pm |

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 Guilford Instrument Location Greensboro

Instrument Serial No. 008660

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19 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

655
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: *008660*
Test Date: *12/20/2019*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:02pm |
| AIR BLK | .00 | 1:03pm |
| ACCY CHK | .08 | 1:04pm |
| AIR BLK | .00 | 1:05pm |
| **SUB TEST** | **.00** | **1:06pm** |
| AIR BLK | .00 | 1:07pm |
| **SUB TEST** | **.00** | **1:08pm** |
| AIR BLK | .00 | 1:09pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: *008660* Test Record Number: *4185*
Test Date: *12/20/2019* Test Time: *1:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:13pm |
| FLO | Pass | 1:13pm |
| FC | Pass | 1:13pm |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:14pm |
| CAL | Pass | 1:14pm |

Preventive Maintenance
Status: Pass

Dale Farley

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Guilford Instrument Location Greensboro Jail

Instrument Serial No. 008794

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

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

**I certify that on the** 11th **day of** December, **20** 19**, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Dale Farley — Signature of Certifying Official

655 — Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: *008794*
Test Date: *12/11/2019*

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

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:34pm |
| AIR BLK | .00 | 2:35pm |
| ACCY CHK | .08 | 2:35pm |
| AIR BLK | .00 | 2:36pm |
| **SUB TEST** | **.00** | **2:37pm** |
| AIR BLK | .00 | 2:38pm |
| **SUB TEST** | **.00** | **2:39pm** |
| AIR BLK | .00 | 2:40pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*GUILFORD COUNTY GREENSBORO JAIL 400*

Serial Number: *008794* Test Record Number: *6783*
Test Date: *12/11/2019* Test Time: *2:41pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:41pm |
| FLO | Pass | 2:41pm |
| FC | Pass | 2:42pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:42pm |
| SRC | Pass | 2:42pm |
| DET | Pass | 2:42pm |
| BAR | Pass | 2:42pm |
| BT | Pass | 2:42pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:42pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:43pm |
| CAL | Pass | 2:43pm |

Preventive Maintenance
Status: Pass

Dale Farley

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location Haywood Co. Jail

Instrument Serial No. 008712 Waynesville, NC

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

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

**I certify that on the 17 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

[signature] 635

Signature of Certifying Official Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430*

Serial Number: *008712*
Test Date: *12/17/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| ACCY CHK | .08 | 12:35pm |
| AIR BLK | .00 | 12:36pm |
| **SUB TEST** | **.00** | **12:37pm** |
| AIR BLK | .00 | 12:38pm |
| **SUB TEST** | **.00** | **12:39pm** |
| AIR BLK | .00 | 12:40pm |

**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**

*HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430*

Serial Number: *008712* Test Record Number: *2268*
Test Date: *12/17/2019* Test Time: *12:41pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:41pm |
| FLO | Pass | 12:41pm |
| FC | Pass | 12:41pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:41pm |
| SRC | Pass | 12:41pm |
| DET | Pass | 12:41pm |
| BAR | Pass | 12:41pm |
| BT | Pass | 12:41pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:42pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:42pm |
| CAL | Pass | 12:42pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Haywood Instrument Location Haywood Co. Jail

Instrument Serial No. 008714 Waynesville, NC

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

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

**I certify that on the 17 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430*

Serial Number: *008714*
Test Date: *12/17/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| ACCY CHK | .07 | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| **SUB TEST** | **.00** | **12:35pm** |
| AIR BLK | .00 | 12:36pm |
| **SUB TEST** | **.00** | **12:37pm** |
| AIR BLK | .00 | 12:38pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430*

Serial Number: *008714* Test Record Number: *1592*
Test Date: *12/17/2019* Test Time: *12:39pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:39pm |
| FLO | Pass | 12:39pm |
| FC | Pass | 12:40pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:40pm |
| SRC | Pass | 12:40pm |
| DET | Pass | 12:40pm |
| BAR | Pass | 12:40pm |
| BT | Pass | 12:40pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:40pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:40pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:40pm |
| CAL | Pass | 12:40pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Hertford Instrument Location Murfreesboro P.D.

Instrument Serial No. 008906 115 E. Broad St., Murfreesboro, 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 17th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

647
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*HERTFORD COUNTY MURFREESBORO PD 450*

Serial Number: *008906*
Test Date: *12/17/2019*

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

Analyst's Name: *Keesler, Linda A*
Permit Number: *0045-5468*
Effective:
*07/08/2019-07/08/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:16am |
| AIR BLK | .00 | 11:16am |
| ACCY CHK | .08 | 11:17am |
| AIR BLK | .00 | 11:18am |
| **SUB TEST** | **.00** | **11:19am** |
| AIR BLK | .00 | 11:19am |
| **SUB TEST** | **.00** | **11:21am** |
| AIR BLK | .00 | 11:22am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*HERTFORD COUNTY MURFREESBORO PD 450*

Serial Number: *008906* Test Record Number: *741*
Test Date: *12/17/2019* Test Time: *11:22am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:23am |
| FLO | Pass | 11:23am |
| FC | Pass | 11:23am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:23am |
| SRC | Pass | 11:23am |
| DET | Pass | 11:23am |
| BAR | Pass | 11:23am |
| BT | Pass | 11:23am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:24am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:24am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:24am |
| CAL | Pass | 11:24am |

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 Iredell Instrument Location Mooresville PD

Instrument Serial No. 008685 950 W. Iredell Ave., Mooresville

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

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

**I certify that on the 23 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*IREDELL COUNTY MOORESVILLE PD 480*

Serial Number: *008685*
Test Date: *12/23/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:00am |
| AIR BLK | .00 | 11:01am |
| ACCY CHK | .07 | 11:02am |
| AIR BLK | .00 | 11:03am |
| **SUB TEST** | **.00** | **11:04am** |
| AIR BLK | .00 | 11:05am |
| **SUB TEST** | **.00** | **11:07am** |
| AIR BLK | .00 | 11:08am |

**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

*IREDELL COUNTY MOORESVILLE PD 480*

Serial Number: *008685* Test Record Number: *3302*
Test Date: *12/23/2019* Test Time: *11:09am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:09am |
| FLO | Pass | 11:09am |
| FC | Pass | 11:09am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:10am |
| SRC | Pass | 11:10am |
| DET | Pass | 11:10am |
| BAR | Pass | 11:10am |
| BT | Pass | 11:10am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:10am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:10am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:10am |
| CAL | Pass | 11:10am |

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 IREDELL Instrument Location BAT MOBILE UNIT 6

Instrument Serial No. 00 9590 MOORESVILLE

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

643
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*IREDELL COUNTY BAT MOBILE UNIT 6 480*

Serial Number: *008580*
Test Date: *12/28/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:45pm |
| AIR BLK | .00 | 9:46pm |
| ACCY CHK | .07 | 9:47pm |
| AIR BLK | .00 | 9:47pm |
| **SUB TEST** | **.00** | **9:48pm** |
| AIR BLK | .00 | 9:49pm |
| **SUB TEST** | **.00** | **9:50pm** |
| AIR BLK | .00 | 9:51pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*IREDELL COUNTY BAT MOBILE UNIT 6 480*

Serial Number: *008580* Test Record Number: *2546*
Test Date: *12/28/2019* Test Time: *9:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:52pm |
| FLO | Pass | 9:52pm |
| FC | Pass | 9:52pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:53pm |
| SRC | Pass | 9:53pm |
| DET | Pass | 9:53pm |
| BAR | Pass | 9:53pm |
| BT | Pass | 9:53pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:53pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:53pm |
| CAL | Pass | 9:53pm |

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 IREDELL Instrument Location SAT MONTREE UNIT 6

Instrument Serial No. 008584 MOORESVILLE

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

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

**I certify that on the 27 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

263
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*IREDELL COUNTY BAT MOBILE UNIT 6 480*

Serial Number: *008584*
Test Date: *12/28/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:45pm |
| AIR BLK | .00 | 9:46pm |
| ACCY CHK | .07 | 9:47pm |
| AIR BLK | .00 | 9:48pm |
| **SUB TEST** | **.00** | **9:48pm** |
| AIR BLK | .00 | 9:49pm |
| **SUB TEST** | **.00** | **9:50pm** |
| AIR BLK | .00 | 9:51pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*IREDELL COUNTY BAT MOBILE UNIT 6 480*

Serial Number: *008584* Test Record Number: *2312*
Test Date: *12/28/2019* Test Time: *9:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:52pm |
| FLO | Pass | 9:52pm |
| FC | Pass | 9:53pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:53pm |
| SRC | Pass | 9:53pm |
| DET | Pass | 9:53pm |
| BAR | Pass | 9:53pm |
| BT | Pass | 9:53pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:53pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:54pm |
| CAL | Pass | 9:54pm |

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 IREDELL Instrument Location BATMOBILE UNIT C

Instrument Serial No. 008779 MOORESVILLE

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

443
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*IREDELL COUNTY BAT MOBILE UNIT 6 480*

Serial Number: *008779*
Test Date: *12/28/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:45pm |
| AIR BLK | .00 | 9:46pm |
| ACCY CHK | .07 | 9:46pm |
| AIR BLK | .00 | 9:47pm |
| **SUB TEST** | **.00** | **9:48pm** |
| AIR BLK | .00 | 9:49pm |
| **SUB TEST** | **.00** | **9:50pm** |
| AIR BLK | .00 | 9:51pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*IREDELL COUNTY BAT MOBILE UNIT 6 480*

Serial Number: *008779* Test Record Number: *3609*
Test Date: *12/28/2019* Test Time: *9:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:52pm |
| FLO | Pass | 9:52pm |
| FC | Pass | 9:52pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:53pm |
| SRC | Pass | 9:53pm |
| DET | Pass | 9:53pm |
| BAR | Pass | 9:53pm |
| BT | Pass | 9:53pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:53pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:53pm |
| CAL | Pass | 9:53pm |

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 Johnston Co. Instrument Location Benson Police Dept.

Instrument Serial No. 008885 Benson, NC

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

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

I certify that on the 11th 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

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JOHNSTON COUNTY BENSON PD 500*

Serial Number: *008885*
Test Date: *12/11/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:53pm |
| AIR BLK | .00 | 1:54pm |
| ACCY CHK | .08 | 1:54pm |
| AIR BLK | .00 | 1:55pm |
| **SUB TEST** | **.00** | **1:56pm** |
| AIR BLK | .00 | 1:57pm |
| **SUB TEST** | **.00** | **1:58pm** |
| AIR BLK | .00 | 1:59pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*JOHNSTON COUNTY BENSON PD 500*

Serial Number: *008885* Test Record Number: *577*
Test Date: *12/11/2019* Test Time: *1:59pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:00pm |
| FLO | Pass | 2:00pm |
| FC | Pass | 2:00pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:00pm |
| SRC | Pass | 2:00pm |
| DET | Pass | 2:00pm |
| BAR | Pass | 2:00pm |
| BT | Pass | 2:00pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:01pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:01pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:01pm |
| CAL | Pass | 2:01pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**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 Co. Instrument Location Johnston Co. Detention Center

Instrument Serial No. 008810 Smithfield, NC

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

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

I certify that on the 9th day of December, 20 09 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

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JOHNSTON COUNTY DETENTION CENTER 500*

Serial Number: *008810*
Test Date: *12/09/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:22am |
| AIR BLK | .00 | 10:23am |
| ACCY CHK | .08 | 10:23am |
| AIR BLK | .00 | 10:24am |
| **SUB TEST** | **.00** | **10:25am** |
| AIR BLK | .00 | 10:26am |
| **SUB TEST** | **.00** | **10:28am** |
| AIR BLK | .00 | 10:28am |

**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 DETENTION CENTER 500*

Serial Number: *008810* Test Record Number: *3884*
Test Date: *12/09/2019* Test Time: *10:30am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:31am |
| FLO | Pass | 10:31am |
| FC | Pass | 10:31am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:31am |
| SRC | Pass | 10:31am |
| DET | Pass | 10:31am |
| BAR | Pass | 10:31am |
| BT | Pass | 10:31am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:31am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:31am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:32am |
| CAL | Pass | 10:32am |

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 Johnston Co. Instrument Location Johnston Co Detention Center

Instrument Serial No. 008846 Smithfield, NC

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

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

I certify that on the 9th day of 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

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JOHNSTON COUNTY DETENTION CENTER 500*

Serial Number: *008846*
Test Date: *12/09/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:24am |
| AIR BLK | .00 | 10:25am |
| ACCY CHK | .07 | 10:25am |
| AIR BLK | .00 | 10:27am |
| **SUB TEST** | **.00** | **10:27am** |
| AIR BLK | .00 | 10:28am |
| **SUB TEST** | **.00** | **10:30am** |
| AIR BLK | .00 | 10:31am |

**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 DETENTION CENTER 500*

Serial Number: *008846* Test Record Number: *4995*
Test Date: *12/09/2019* Test Time: *10:31am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:32am |
| FLO | Pass | 10:32am |
| FC | Pass | 10:32am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:32am |
| SRC | Pass | 10:32am |
| DET | Pass | 10:32am |
| BAR | Pass | 10:32am |
| BT | Pass | 10:32am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:33am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:33am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:33am |
| CAL | Pass | 10:33am |

Preventive Maintenance
Status: Pass

**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 Co. Instrument Location Selma Police Dept.

Instrument Serial No. 008595 Selma, NC

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

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

I certify that on the 6th day of 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

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JOHNSTON COUNTY SELMA PD 500*

Serial Number: *008595*
Test Date: *12/06/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:56pm |
| AIR BLK | .00 | 1:57pm |
| ACCY CHK | .07 | 1:58pm |
| AIR BLK | .00 | 1:59pm |
| **SUB TEST** | **.00** | **1:59pm** |
| AIR BLK | .00 | 2:00pm |
| **SUB TEST** | **.00** | **2:02pm** |
| AIR BLK | .00 | 2:03pm |

**Reported ACV .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 SELMA PD 500*

Serial Number: *008595* Test Record Number: *1396*
Test Date: *12/06/2019* Test Time: *2:04pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:04pm |
| FLO | Pass | 2:04pm |
| FC | Pass | 2:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:04pm |
| SRC | Pass | 2:04pm |
| DET | Pass | 2:04pm |
| BAR | Pass | 2:04pm |
| BT | Pass | 2:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:05pm |
| CAL | Pass | 2:05pm |

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 Johnston Co. Instrument Location Clayton Police Dept.

Instrument Serial No. 008658 Clayton, NC

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

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

I certify that on the 6th 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

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*JOHNSTON COUNTY CLAYTON PD 500*

Serial Number: *008658*
Test Date: *12/06/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:58pm |
| AIR BLK | .00 | 12:58pm |
| ACCY CHK | .07 | 12:59pm |
| AIR BLK | .00 | 1:00pm |
| **SUB TEST** | **.00** | **1:01pm** |
| AIR BLK | .00 | 1:02pm |
| **SUB TEST** | **.00** | **1:03pm** |
| AIR BLK | .00 | 1:04pm |

**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: *1557*
Test Date: *12/06/2019* Test Time: *1:05pm EST*

System Check: *Passed*

## Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:05pm |
| FLO | Pass | 1:05pm |
| FC | Pass | 1:05pm |

## Temperature Tests

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

## Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:06pm |

## Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:06pm |

## CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:06pm |
| CAL | Pass | 1:06pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lee Co. Instrument Location Lee Co. Jail

Instrument Serial No. 008645 Sanford, NC

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

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

654
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**

*LEE COUNTY DETENTION CENTER 520*

Serial Number: *008645*
Test Date: *12/19/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

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

**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

*LEE COUNTY DETENTION CENTER 520*

Serial Number: *008645* Test Record Number: *1984*
Test Date: *12/19/2019* Test Time: *11:31am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:32am |
| FLO | Pass | 11:32am |
| FC | Pass | 11:32am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:32am |
| SRC | Pass | 11:32am |
| DET | Pass | 11:32am |
| BAR | Pass | 11:32am |
| BT | Pass | 11:32am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:32am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:32am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:33am |
| CAL | Pass | 11:33am |

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 Lee Co. Instrument Location Sanford Police Dept.

Instrument Serial No. 058867 Sanford, NC

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

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

I certify that on the 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

654
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**

*LEE COUNTY SANFORD POLICE DEPT 520*

Serial Number: *008867*
Test Date: *12/19/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:11pm |
| AIR BLK | .00 | 12:11pm |
| ACCY CHK | .08 | 12:12pm |
| AIR BLK | .00 | 12:13pm |
| **SUB TEST** | **.00** | **12:14pm** |
| AIR BLK | .00 | 12:15pm |
| **SUB TEST** | **.00** | **12:16pm** |
| AIR BLK | .00 | 12:17pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*LEE COUNTY SANFORD POLICE DEPT 520*

Serial Number: *008867* Test Record Number: *1137*
Test Date: *12/19/2019* Test Time: *12:18pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:18pm |
| FLO | Pass | 12:18pm |
| FC | Pass | 12:19pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:19pm |
| SRC | Pass | 12:19pm |
| DET | Pass | 12:19pm |
| BAR | Pass | 12:19pm |
| BT | Pass | 12:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:19pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:19pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:20pm |
| CAL | Pass | 12:20pm |

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 Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008827 #1 Courthouse Square, Lincolnton

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

650
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**

*LINCOLN COUNTY COURTHOUSE 540*

Serial Number: *008827*
Test Date: *12/06/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:31pm |
| AIR BLK | .00 | 2:32pm |
| ACCY CHK | .08 | 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**

*LINCOLN COUNTY COURTHOUSE 540*

Serial Number: *008827* Test Record Number: *3305*
Test Date: *12/06/2019* Test Time: *2:39pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:40pm |
| SRC | Pass | 2:40pm |
| DET | Pass | 2:40pm |
| BAR | Pass | 2:40pm |
| BT | Pass | 2:40pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:41pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Lincoln Instrument Location Lincoln County Courthouse

Instrument Serial No. 008823 #1 Court Square, Lincolnton

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

Joseph E. [signature] 650

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**

*LINCOLN COUNTY COURTHOUSE 540*

Serial Number: *008823*
Test Date: *12/06/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:27pm |
| AIR BLK | .00 | 2:28pm |
| ACCY CHK | .08 | 2:29pm |
| AIR BLK | .00 | 2:30pm |
| **SUB TEST** | **.00** | **2:32pm** |
| AIR BLK | .00 | 2:33pm |
| **SUB TEST** | **.00** | **2:34pm** |
| AIR BLK | .00 | 2:35pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*LINCOLN COUNTY COURTHOUSE 540*

Serial Number: *008823* Test Record Number: *1548*
Test Date: *12/06/2019* Test Time: *2:36pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:36pm |
| FLO | Pass | 2:36pm |
| FC | Pass | 2:36pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:37pm |
| SRC | Pass | 2:37pm |
| DET | Pass | 2:37pm |
| BAR | Pass | 2:37pm |
| BT | Pass | 2:37pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:37pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:37pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:37pm |
| CAL | Pass | 2:37pm |

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 Macon Instrument Location Macon Co.

Instrument Serial No. 008789 Franklin, NC

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

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

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MACON COUNTY MACON COUNTY JAIL 550*

Serial Number: *008789*
Test Date: *12/13/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:34am |
| AIR BLK | .00 | 11:35am |
| ACCY CHK | .07 | 11:35am |
| AIR BLK | .00 | 11:36am |
| **SUB TEST** | **.00** | **11:37am** |
| AIR BLK | .00 | 11:38am |
| **SUB TEST** | **.00** | **11:39am** |
| AIR BLK | .00 | 11:40am |

**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

*MACON COUNTY MACON COUNTY JAIL 550*

Serial Number: *008789* Test Record Number: *672*
Test Date: *12/13/2019* Test Time: *11:42am EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:42am |
| SRC | Pass | 11:42am |
| DET | Pass | 11:42am |
| BAR | Pass | 11:42am |
| BT | Pass | 11:42am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:43am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:43am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:43am |
| CAL | Pass | 11:43am |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**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. 008618 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 13th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

635
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: *008618*
Test Date: *12/13/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:33am |
| AIR BLK | .00 | 11:34am |
| ACCY CHK | .08 | 11:34am |
| AIR BLK | .00 | 11:35am |
| **SUB TEST** | **.00** | **11:36am** |
| AIR BLK | .00 | 11:37am |
| **SUB TEST** | **.00** | **11:38am** |
| AIR BLK | .00 | 11:39am |

**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**

*MACON COUNTY MACON COUNTY JAIL 550*

Serial Number: *008618* Test Record Number: *2011*
Test Date: *12/13/2019* Test Time: *11:40am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:40am |
| FLO | Pass | 11:40am |
| FC | Pass | 11:41am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:41am |
| SRC | Pass | 11:41am |
| DET | Pass | 11:41am |
| BAR | Pass | 11:41am |
| BT | Pass | 11:41am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:41am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:41am |

CRC Tests

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

Preventive Maintenance
Status: Pass

**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. Magistrate

Instrument Serial No. 008795 Highlands, NC

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

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

**I certify that on the 6th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

635
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MACON COUNTY MACON CO MAGISTRATE 550*

Serial Number: *008795*
Test Date: *12/06/2019*

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

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | 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 | 11:35am |

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

Signature of Chemical Analyst

Court CVR

Daniel R. Cutler
**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MACON COUNTY MACON CO MAGISTRATE 550*

Serial Number: *008795* Test Record Number: *483*
Test Date: *12/06/2019* Test Time: *11:36am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:36am |
| FLO | Pass | 11:36am |
| FC | Pass | 11:36am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:36am |
| SRC | Pass | 11:36am |
| DET | Pass | 11:36am |
| BAR | Pass | 11:36am |
| BT | Pass | 11:36am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:37am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:37am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:37am |
| CAL | Pass | 11:37am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Martin Instrument Location Martin Co. S.O.

Instrument Serial No. 008912 305 E. Main St, Williamston, NC

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

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

**I certify that on the 12th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
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: *12/12/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:55am |
| AIR BLK | .00 | 11:56am |
| ACCY CHK | .07 | 11:56am |
| AIR BLK | .00 | 11:57am |
| **SUB TEST** | **.00** | **11:58am** |
| AIR BLK | .00 | 11:59am |
| **SUB TEST** | **.00** | **12:00pm** |
| AIR BLK | .00 | 12:01pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MARTIN COUNTY SHERIFF'S OFFICE 570*

Serial Number: *008912* Test Record Number: *1549*
Test Date: *12/12/2019* Test Time: *12:02pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:03pm |
| FLO | Pass | 12:03pm |
| FC | Pass | 12:03pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:03pm |
| SRC | Pass | 12:03pm |
| DET | Pass | 12:03pm |
| BAR | Pass | 12:03pm |
| BT | Pass | 12:03pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:04pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:04pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:04pm |
| CAL | Pass | 12:04pm |

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 Mc Dowell Instrument Location Mc Dowell Co Jail

Instrument Serial No. 008888 Marion, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

649
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: *008888*
Test Date: *12/03/2019*

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

Analyst's Name: *BURNETTE, ANTHONY J*
Permit Number: *11304E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:11pm |
| AIR BLK | .00 | 1:12pm |
| ACCY CHK | .07 | 1:13pm |
| AIR BLK | .00 | 1:14pm |
| **SUB TEST** | **.00** | **1:14pm** |
| 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

**Analyst**

**This form is used when 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: *1539*
Test Date: *12/03/2019* Test Time: *1:18pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:19pm |
| FLO | Pass | 1:19pm |
| FC | Pass | 1:19pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:19pm |
| SRC | Pass | 1:19pm |
| DET | Pass | 1:19pm |
| BAR | Pass | 1:19pm |
| BT | Pass | 1:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:20pm |
| CAL | Pass | 1:20pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Cornelius PD

Instrument Serial No. 008692 21440 Catawba Ave., Cornelius

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

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

**I certify that on the 23 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY CORNELIUS PD 590*

Serial Number: *008692*
Test Date: *12/23/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:34am |
| AIR BLK | .00 | 9:35am |
| ACCY CHK | .08 | 9:35am |
| AIR BLK | .00 | 9:36am |
| **SUB TEST** | **.00** | **9:37am** |
| AIR BLK | .00 | 9:38am |
| **SUB TEST** | **.00** | **9:40am** |
| AIR BLK | .00 | 9:40am |

**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 CORNELIUS PD 590*

Serial Number: *008692* Test Record Number: *2957*
Test Date: *12/23/2019* Test Time: *9:42am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:42am |
| FLO | Pass | 9:42am |
| FC | Pass | 9:43am |

Temperature Tests

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

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:43am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:43am |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

Instrument Serial No. 008747 9630 Julian Clark Ave, Huntersville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG HUNTERSVILLE PD 590*

Serial Number: *008747*
Test Date: *12/05/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:45pm |
| AIR BLK | .00 | 4:45pm |
| ACCY CHK | .08 | 4:46pm |
| AIR BLK | .00 | 4:47pm |
| **SUB TEST** | **.00** | **4:47pm** |
| AIR BLK | .00 | 4:48pm |
| **SUB TEST** | **.00** | **4:50pm** |
| AIR BLK | .00 | 4:51pm |

**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 HUNTERSVILLE PD 590*

Serial Number: *008747* Test Record Number: *2749*
Test Date: *12/05/2019* Test Time: *4:52pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:52pm |
| SRC | Pass | 4:52pm |
| DET | Pass | 4:52pm |
| BAR | Pass | 4:52pm |
| BT | Pass | 4:52pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:53pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**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 Mob.k Unit 2

Instrument Serial No. 008973 CMPD

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

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

**I certify that on the 18 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

658
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY BAT MOBILE UNIT 02*
*590*

Serial Number: *008973*
Test Date: *12/18/2019*

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

Analyst's Name: *TOWERY, CHAD V*
Permit Number: *26632E*
Effective:
*05/01/2019-05/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:22pm |
| AIR BLK | .00 | 8:23pm |
| ACCY CHK | .08 | ~~8:23pm~~ |
| AIR BLK | .00 | 8:24pm |
| **SUB TEST** | **.00** | **8:25pm** |
| AIR BLK | .00 | 8:26pm |
| **SUB TEST** | **.00** | **8:27pm** |
| AIR BLK | .00 | 8:28pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MECKLENBURG COUNTY BAT MOBILE UNIT 02 590*

Serial Number: *008973* Test Record Number: *746*
Test Date: *12/18/2019* Test Time: *8:30pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:30pm |
| FLO | Pass | 8:30pm |
| FC | Pass | 8:30pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:30pm |
| SRC | Pass | 8:30pm |
| DET | Pass | 8:30pm |
| BAR | Pass | 8:30pm |
| BT | Pass | 8:30pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:31pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:31pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:31pm |
| CAL | Pass | 8:31pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Mecklenburg Instrument Location Matthews PD

Instrument Serial No. 008699 1201 Crews Rd, Matthews

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

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

**I certify that on the 16th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Joseph E. Hutt
Signature of Certifying Official

650
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MECKLENBURG COUNTY MATTHEWS PD 590*

Serial Number: *008699*
Test Date: *12/16/2019*

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

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:55pm |
| AIR BLK | .00 | 1:56pm |
| ACCY CHK | .08 | 1:57pm |
| AIR BLK | .00 | 1:58pm |
| **SUB TEST** | **.00** | **1:58pm** |
| AIR BLK | .00 | 2:00pm |
| **SUB TEST** | **.00** | **2:01pm** |
| AIR BLK | .00 | 2:02pm |

**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**

*MECKLENBURG COUNTY MATTHEWS PD 590*

Serial Number: *008699* Test Record Number: *2822*
Test Date: *12/16/2019* Test Time: *2:03pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:03pm |
| FLO | Pass | 2:03pm |
| FC | Pass | 2:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:04pm |
| SRC | Pass | 2:04pm |
| DET | Pass | 2:04pm |
| BAR | Pass | 2:04pm |
| BT | Pass | 2:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:04pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:04pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:05pm |
| CAL | Pass | 2:05pm |

Preventive Maintenance
Status: Pass

J. E. Hill

**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 Co. Instrument Location Montgomery Co. Detention Center

Instrument Serial No. 008709 Troy, NC

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

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

**I certify that on the 31st day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MONTGOMERY COUNTY DETENTION CENTER 610*

Serial Number: *008709*
Test Date: *12/31/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| ACCY CHK | .07 | 1:21pm |
| AIR BLK | .00 | 1:22pm |
| **SUB TEST** | **.00** | **1:22pm** |
| AIR BLK | .00 | 1:23pm |
| **SUB TEST** | **.00** | **1:25pm** |
| AIR BLK | .00 | 1:26pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when 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 DETENTION CENTER 610*

Serial Number: *008709* Test Record Number: *1207*
Test Date: *12/31/2019* Test Time: *1:26pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:26pm |
| FLO | Pass | 1:26pm |
| FC | Pass | 1:27pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:27pm |
| SRC | Pass | 1:27pm |
| DET | Pass | 1:27pm |
| BAR | Pass | 1:27pm |
| BT | Pass | 1:27pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:27pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:27pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:28pm |
| CAL | Pass | 1:28pm |

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 Co. Instrument Location Montgomery Co. Detention Center

Instrument Serial No. 008654 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 31st day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MONTGOMERY COUNTY DETENTION CENTER 610*

Serial Number: *008657*
Test Date: *12/31/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:18pm |
| AIR BLK | .00 | 1:19pm |
| ACCY CHK | .08 | 1:19pm |
| AIR BLK | .00 | 1:20pm |
| **SUB TEST** | **.00** | **1:21pm** |
| AIR BLK | .00 | 1:22pm |
| **SUB TEST** | **.00** | **1:23pm** |
| AIR BLK | .00 | 1:24pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*MONTGOMERY COUNTY DETENTION CENTER 610*

Serial Number: *008657* Test Record Number: *1660*
Test Date: *12/31/2019* Test Time: *1:25pm EST*

System Check: *Passed*

Baseline Tests

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

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:25pm |
| SRC | Pass | 1:25pm |
| DET | Pass | 1:25pm |
| BAR | Pass | 1:25pm |
| BT | Pass | 1:25pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:26pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:26pm |

CRC Tests

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

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Moore Co. Instrument Location Southern Pines P.D.

Instrument Serial No. 008120 Southern Pines, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

Intox EC/IR-II: Subject Test

*MOORE COUNTY SOUTHERN PINES PD 620*

Serial Number: *008720*
Test Date: *12/30/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

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

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MOORE COUNTY SOUTHERN PINES PD 620*

Serial Number: *008720* Test Record Number: *1137*
Test Date: *12/30/2019* Test Time: *3:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:53pm |
| FLO | Pass | 3:53pm |
| FC | Pass | 3:53pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:53pm |
| SRC | Pass | 3:53pm |
| DET | Pass | 3:53pm |
| BAR | Pass | 3:53pm |
| BT | Pass | 3:53pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:54pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:54pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:54pm |
| CAL | Pass | 3:54pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Moore Co. Instrument Location Pinehurst Police Dept

Instrument Serial No. 008710 Pinehurst, NC

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MOORE COUNTY PINEHURST PD 620*

Serial Number: *008710*
Test Date: *12/30/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:50pm |
| AIR BLK | .00 | 2:51pm |
| ACCY CHK | .07 | 2:52pm |
| AIR BLK | .00 | 2:52pm |
| **SUB TEST** | **.00** | **2:53pm** |
| AIR BLK | .00 | 2:54pm |
| **SUB TEST** | **.00** | **2:55pm** |
| AIR BLK | .00 | 2:56pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*MOORE COUNTY PINEHURST PD 620*

Serial Number: *008710* Test Record Number: *1644*
Test Date: *12/30/2019* Test Time: *3:01pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:02pm |
| FLO | Pass | 3:02pm |
| FC | Pass | 3:02pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:02pm |
| SRC | Pass | 3:02pm |
| DET | Pass | 3:02pm |
| BAR | Pass | 3:02pm |
| BT | Pass | 3:02pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:03pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:03pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:03pm |
| CAL | Pass | 3:03pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Moore Co. Instrument Location Moore Co. Detention Center

Instrument Serial No. 008735 Carthage, 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 30th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*MOORE COUNTY DETENTION CENTER 620*

Serial Number: *008735*
Test Date: *12/30/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:34pm |
| AIR BLK | .00 | 4:35pm |
| ACCY CHK | .08 | 4:36pm |
| AIR BLK | .00 | 4:37pm |
| **SUB TEST** | **.00** | **4:38pm** |
| AIR BLK | .00 | 4:38pm |
| **SUB TEST** | **.00** | **4:40pm** |
| AIR BLK | .00 | 4:41pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*MOORE COUNTY DETENTION CENTER 620*

Serial Number: *008735* Test Record Number: *2365*
Test Date: *12/30/2019* Test Time: *4:41pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:42pm |
| FLO | Pass | 4:42pm |
| FC | Pass | 4:42pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:42pm |
| SRC | Pass | 4:42pm |
| DET | Pass | 4:42pm |
| BAR | Pass | 4:42pm |
| BT | Pass | 4:42pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:42pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:43pm |
| CAL | Pass | 4:43pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location BAT MODULE UNIT 6

Instrument Serial No. 008776 SHARPSBURG

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

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

**I certify that on the 31 day of December, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESTE QUAM VIDERI

Signature of Certifying Official

663
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NASH COUNTY BAT MOBILE UNIT 6 630*

Serial Number: *008776*
Test Date: *12/31/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:48pm |
| AIR BLK | .00 | 7:49pm |
| ACCY CHK | .08 | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| **SUB TEST** | **.00** | **7:51pm** |
| AIR BLK | .00 | 7:52pm |
| **SUB TEST** | **.00** | **7:54pm** |
| AIR BLK | .00 | 7:55pm |

**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

*NASH COUNTY BAT MOBILE UNIT 6 630*

Serial Number: *008776* Test Record Number: *3566*
Test Date: *12/31/2019* Test Time: *7:55pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:56pm |
| FLO | Pass | 7:56pm |
| FC | Pass | 7:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:56pm |
| SRC | Pass | 7:56pm |
| DET | Pass | 7:56pm |
| BAR | Pass | 7:56pm |
| BT | Pass | 7:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:57pm |
| CAL | Pass | 7:57pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location DAT MOBILE UNIT 6

Instrument Serial No. 008637 SHARPSBURG

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

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

**I certify that on the 31 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Signature of Certifying Official

663
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NASH COUNTY BAT MOBILE UNIT 6 630*

Serial Number: *008637*
Test Date: *12/31/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

Lot Number: AG716201
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:48pm |
| AIR BLK | .00 | 7:49pm |
| ACCY CHK | .07 | 7:49pm |
| AIR BLK | .00 | 7:50pm |
| **SUB TEST** | **.00** | **7:51pm** |
| AIR BLK | .00 | 7:51pm |
| **SUB TEST** | **.00** | **7:53pm** |
| AIR BLK | .00 | 7:54pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*NASH COUNTY BAT MOBILE UNIT 6 630*

Serial Number: *008637* Test Record Number: *3049*
Test Date: *12/31/2019* Test Time: *7:55pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:55pm |
| FLO | Pass | 7:55pm |
| FC | Pass | 7:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:56pm |
| SRC | Pass | 7:56pm |
| DET | Pass | 7:56pm |
| BAR | Pass | 7:56pm |
| BT | Pass | 7:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:56pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:56pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:56pm |
| CAL | Pass | 7:56pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NASH Instrument Location BAT MOBILE UNIT 6

Instrument Serial No. 008686 SHARPSBURG

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

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

**I certify that on the 31 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Signature of Certifying Official

663
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NASH COUNTY BAT MOBILE UNIT 6 630*

Serial Number: *008686*
Test Date: *12/31/2019*

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

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:46pm |
| AIR BLK | .00 | 7:47pm |
| ACCY CHK | .07 | 7:48pm |
| AIR BLK | .00 | 7:49pm |
| **SUB TEST** | **.00** | **7:49pm** |
| AIR BLK | .00 | 7:50pm |
| **SUB TEST** | **.00** | **7:52pm** |
| AIR BLK | .00 | 7:52pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

## Intox EC/IR-II: Preventive Maintenance

*NASH COUNTY BAT MOBILE UNIT 6 630*

Serial Number: *008686* Test Record Number: *6672*
Test Date: *12/31/2019* Test Time: *7:54pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:54pm |
| FLO | Pass | 7:54pm |
| FC | Pass | 7:54pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:54pm |
| SRC | Pass | 7:54pm |
| DET | Pass | 7:54pm |
| BAR | Pass | 7:54pm |
| BT | Pass | 7:54pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:55pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:55pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:55pm |
| CAL | Pass | 7:55pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NEW HANOVER Instrument Location NEW HANOVER COUNTY

Instrument Serial No. 008676 DETENTION CENTER

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY DETENTION CENTER*
*640*

Serial Number: *008626*
Test Date: *12/06/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:36am |
| AIR BLK | .00 | 11:37am |
| ACCY CHK | .08 | 11:37am |
| AIR BLK | .00 | 11:38am |
| **SUB TEST** | **.00** | **11:39am** |
| AIR BLK | .00 | 11:40am |
| **SUB TEST** | **.00** | **11:41am** |
| AIR BLK | .00 | 11:42am |

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

Signature of Chemical Analyst

Court 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 DETENTION CENTER 640*

Serial Number: *008626* Test Record Number: *7642*
Test Date: *12/06/2019* Test Time: *11:44am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:44am |
| FLO | Pass | 11:44am |
| FC | Pass | 11:45am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:45am |
| SRC | Pass | 11:45am |
| DET | Pass | 11:45am |
| BAR | Pass | 11:45am |
| BT | Pass | 11:45am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:45am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:46am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:46am |
| CAL | Pass | 11:46am |

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 NEW HANOVER COUNTY

Instrument Serial No. 008617 DETENTION CENTER

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY DETENTION CENTER*
*640*

Serial Number: *008617*
Test Date: *12/06/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:43am |
| AIR BLK | .00 | 11:43am |
| ACCY CHK | .07 | 11:44am |
| 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

Alvin R Barnes

**Analyst**

**This form is used when 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 DETENTION CENTER 640*

Serial Number: *008617* Test Record Number: *3141*
Test Date: *12/06/2019* Test Time: *11:50am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:50am |
| FLO | Pass | 11:50am |
| FC | Pass | 11:51am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:51am |
| SRC | Pass | 11:51am |
| DET | Pass | 11:51am |
| BAR | Pass | 11:51am |
| BT | Pass | 11:51am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:51am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:51am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:51am |
| CAL | Pass | 11:51am |

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 WILMINGTON

Instrument Serial No. 008628 POLICE DEPT

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

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

**I certify that on the 6 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY WILMINGTON PD 640*

Serial Number: *008628*
Test Date: *12/06/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:40pm |
| AIR BLK | .00 | 1:41pm |
| ACCY CHK | .08 | 1:41pm |
| AIR BLK | .00 | 1:42pm |
| **SUB TEST** | **.00** | **1:43pm** |
| AIR BLK | .00 | 1:44pm |
| **SUB TEST** | **.00** | **1:45pm** |
| AIR BLK | .00 | 1:46pm |

**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 WILMINGTON PD 640*

Serial Number: *008628* Test Record Number: *5140*
Test Date: *12/06/2019* Test Time: *1:47pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:47pm |
| FLO | Pass | 1:47pm |
| FC | Pass | 1:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:47pm |
| SRC | Pass | 1:47pm |
| DET | Pass | 1:47pm |
| BAR | Pass | 1:47pm |
| BT | Pass | 1:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:48pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:48pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:48pm |
| CAL | Pass | 1:48pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NEW HANOVER Instrument Location CAROLINA BEACH

Instrument Serial No. 0086061 POLICE DEPT

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

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

**I certify that on the 6 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY CAROLINA BEACH PD*
*640*

Serial Number: *008661*
Test Date: *12/06/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:02pm |
| AIR BLK | .00 | 4:03pm |
| ACCY CHK | .08 | 4:03pm |
| AIR BLK | .00 | 4:04pm |
| **SUB TEST** | **.00** | **4:05pm** |
| AIR BLK | .00 | 4:06pm |
| **SUB TEST** | **.00** | **4:07pm** |
| AIR BLK | .00 | 4:08pm |

**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 CAROLINA BEACH PD 640*

Serial Number: *008661* Test Record Number: *2615*
Test Date: *12/06/2019* Test Time: *4:09pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:09pm |
| FLO | Pass | 4:09pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:09pm |
| SRC | Pass | 4:09pm |
| DET | Pass | 4:09pm |
| BAR | Pass | 4:09pm |
| BT | Pass | 4:09pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:10pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:10pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:10pm |
| CAL | Pass | 4:10pm |

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 WRIGHTSVILLE BEACH

Instrument Serial No. 008667 POLICE DEPT

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

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

**I certify that on the 6 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY WRIGHTSVILLE BCH PD*
*640*

Serial Number: *008667*
Test Date: *12/06/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:15pm |
| AIR BLK | .00 | 5:16pm |
| ACCY CHK | .07 | 5:17pm |
| AIR BLK | .00 | 5:17pm |
| **SUB TEST** | **.00** | **5:18pm** |
| AIR BLK | .00 | 5:19pm |
| **SUB TEST** | **.00** | **5:21pm** |
| AIR BLK | .00 | 5:21pm |

**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**

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

*NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640*

Serial Number: *008667* Test Record Number: *1950*
Test Date: *12/06/2019* Test Time: *5:23pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:23pm |
| FLO | Pass | 5:23pm |
| FC | Pass | 5:23pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:23pm |
| SRC | Pass | 5:23pm |
| DET | Pass | 5:23pm |
| BAR | Pass | 5:23pm |
| BT | Pass | 5:23pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:24pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:24pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:24pm |
| CAL | Pass | 5:24pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County NEW HANOVER Instrument Location WILMINGTON

Instrument Serial No. 008613 POLICE DEPT

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

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

**I certify that on the 12 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

C48
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY WILMINGTON PD 640*

Serial Number: *008613*
Test Date: *12/12/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:44pm |
| AIR BLK | .00 | 1:45pm |
| ACCY CHK | .07 | 1:46pm |
| AIR BLK | .00 | 1:47pm |
| **SUB TEST** | **.00** | **1:47pm** |
| AIR BLK | .00 | 1:48pm |
| **SUB TEST** | **.00** | **1:50pm** |
| AIR BLK | .00 | 1:50pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*NEW HANOVER COUNTY WILMINGTON PD 640*

Serial Number: *008613* Test Record Number: *1088*
Test Date: *12/12/2019* Test Time: *1:51pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:51pm |
| FLO | Pass | 1:51pm |
| FC | Pass | 1:51pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:51pm |
| SRC | Pass | 1:51pm |
| DET | Pass | 1:51pm |
| BAR | Pass | 1:51pm |
| BT | Pass | 1:51pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:52pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:52pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:52pm |
| CAL | Pass | 1:52pm |

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 WILMINGTON

Instrument Serial No. 008628 POLICE DEPT

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

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

**I certify that on the 21 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

648
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*NEW HANOVER COUNTY WILMINGTON PD 640*

Serial Number: *008628*
Test Date: *12/21/2019*

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

Analyst's Name: *BARNES, ALVIN R*
Permit Number: *15671E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

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

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*NEW HANOVER COUNTY WILMINGTON PD 640*

Serial Number: *008628* Test Record Number: *5155*
Test Date: *12/21/2019* Test Time: *12:16pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:16pm |
| FLO | Pass | 12:16pm |
| FC | Pass | 12:16pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:16pm |
| SRC | Pass | 12:16pm |
| DET | Pass | 12:16pm |
| BAR | Pass | 12:16pm |
| BT | Pass | 12:16pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:17pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:17pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:17pm |
| CAL | Pass | 12:17pm |

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 Mobile BAT Unit 7

Instrument Serial No. 008600 Wilmington 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 31 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

655
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

*NEW HANOVER COUNTY BAT MOBILE 12 640*

Serial Number: *008600* Test Record Number: *1935*
Test Date: *12/31/2019* Test Time: *6:57pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 6:58pm |
| FLO | Pass | 6:58pm |
| FC | Pass | 6:58pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 6:58pm |
| SRC | Pass | 6:58pm |
| DET | Pass | 6:58pm |
| BAR | Pass | 6:58pm |
| BT | Pass | 6:58pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 6:58pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 6:58pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 6:59pm |
| CAL | Pass | 6:59pm |

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**

*NEW HANOVER COUNTY BAT MOBILE 12 640*

Serial Number: *008600*
Test Date: *12/31/2019*

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

Analyst's Name: *Anderson, Mark G*
Permit Number: *0013-1517*
Effective:
*09/23/2019-09/23/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 6:49pm |
| AIR BLK | .00 | 6:50pm |
| ACCY CHK | .08 | 6:50pm |
| AIR BLK | .00 | 6:51pm |
| **SUB TEST** | **.00** | **6:52pm** |
| AIR BLK | .00 | 6:53pm |
| **SUB TEST** | **.00** | **6:55pm** |
| AIR BLK | .00 | 6:56pm |

**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 Onslow Instrument Location BAT MOBILE UNIT 12

Instrument Serial No. 008600 Jacksonville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

665
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**

*ONSLOW COUNTY BAT MOBILE 12 660*

Serial Number: *008600* Test Record Number: *1922*
Test Date: *12/06/2019* Test Time: *8:02pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:02pm |
| FLO | Pass | 8:02pm |
| FC | Pass | 8:02pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:02pm |
| SRC | Pass | 8:02pm |
| DET | Pass | 8:02pm |
| BAR | Pass | 8:02pm |
| BT | Pass | 8:02pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:03pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:03pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:03pm |
| CAL | Pass | 8:03pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*ONSLOW COUNTY BAT MOBILE 12 660*

Serial Number: *008600*
Test Date: *12/06/2019*

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

Analyst's Name: *Anderson, Mark G*
Permit Number: *0013-1517*
Effective:
*09/23/2019-09/23/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:51pm |
| AIR BLK | .00 | 7:52pm |
| ACCY CHK | .08 | 7:53pm |
| AIR BLK | .00 | 7:53pm |
| **SUB TEST** | **.00** | **7:54pm** |
| AIR BLK | .00 | 7:55pm |
| **SUB TEST** | **.00** | **7:56pm** |
| AIR BLK | .00 | 7:57pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Onslow Instrument Location BAT MOBILE UNIT 12

Instrument Serial No. 008698 Jacksonville

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

665
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

*ONSLOW COUNTY BAT MOBILE 12 660*

Serial Number: *008698* Test Record Number: *1481*
Test Date: *12/06/2019* Test Time: *7:56pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:56pm |
| FLO | Pass | 7:56pm |
| FC | Pass | 7:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:56pm |
| SRC | Pass | 7:56pm |
| DET | Pass | 7:56pm |
| BAR | Pass | 7:56pm |
| BT | Pass | 7:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:57pm |
| CAL | Pass | 7:57pm |

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**

*ONSLOW COUNTY BAT MOBILE 12 660*

Serial Number: *008698*
Test Date: *12/06/2019*

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

Analyst's Name: *Anderson, Mark G*
Permit Number: *0013-1517*
Effective:
*09/23/2019-09/23/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:49pm |
| AIR BLK | .00 | 7:49pm |
| ACCY CHK | .08 | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| **SUB TEST** | **.00** | **7:51pm** |
| AIR BLK | .00 | 7:52pm |
| **SUB TEST** | **.00** | **7:54pm** |
| AIR BLK | .00 | 7:55pm |

**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**

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. 008668 124 Detention Dr., Greenville, NC.

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

643
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: *12/19/2019*

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

Analyst's Name: *GUARD, KELLY G*
Permit Number: *12955E*
Effective:
*06/01/2019-06/01/2021*

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

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:59am |
| AIR BLK | .00 | 11:00am |
| ACCY CHK | .08 | 11:01am |
| AIR BLK | .00 | 11:02am |
| **SUB TEST** | **.00** | **11:03am** |
| AIR BLK | .00 | 11:04am |
| **SUB TEST** | **.00** | **11:05am** |
| AIR BLK | .00 | 11:06am |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*PITT COUNTY PITT CO DETENTION 730*

Serial Number: *008668* Test Record Number: *3467*
Test Date: *12/19/2019* Test Time: *11:09am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:10am |
| FLO | Pass | 11:10am |
| FC | Pass | 11:10am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:10am |
| SRC | Pass | 11:10am |
| DET | Pass | 11:10am |
| BAR | Pass | 11:10am |
| BT | Pass | 11:10am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:11am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:11am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:11am |
| CAL | Pass | 11:11am |

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 Archdale

Instrument Serial No. 008791 Police Department

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

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

**I certify that on the 20 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RANDOLPH COUNTY ARCHDALE PD 750*

Serial Number: *008791*
Test Date: *12/20/2019*

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

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:53am |
| 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 | 11:00am |

**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 ARCHDALE PD 750*

Serial Number: *008791* Test Record Number: *1355*
Test Date: *12/20/2019* Test Time: *11:01am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:01am |
| FLO | Pass | 11:01am |
| FC | Pass | 11:01am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:02am |
| SRC | Pass | 11:02am |
| DET | Pass | 11:02am |
| BAR | Pass | 11:02am |
| BT | Pass | 11:02am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:02am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:02am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:02am |
| CAL | Pass | 11:02am |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile unit #5

Instrument Serial No. 008616 Lumberton 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 20th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

664
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008616*
Test Date: *12/20/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:38pm |
| AIR BLK | .00 | 10:39pm |
| ACCY CHK | .08 | 10:40pm |
| AIR BLK | .00 | 10:41pm |
| **SUB TEST** | **.00** | **10:42pm** |
| AIR BLK | .00 | 10:42pm |
| **SUB TEST** | **.00** | **10:44pm** |
| AIR BLK | .00 | 10:45pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

## Intox EC/IR-II: Preventive Maintenance

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008616* Test Record Number: *2517*
Test Date: *12/20/2019* Test Time: *10:46pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:47pm |
| FLO | Pass | 10:47pm |
| FC | Pass | 10:47pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:47pm |
| SRC | Pass | 10:47pm |
| DET | Pass | 10:47pm |
| BAR | Pass | 10:47pm |
| BT | Pass | 10:47pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:48pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:48pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:48pm |
| CAL | Pass | 10:48pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008704 Lumberton 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 20 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

664
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008704*
Test Date: *12/20/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:35pm |
| AIR BLK | .00 | 9:36pm |
| ACCY CHK | .08 | 9:36pm |
| AIR BLK | .00 | 9:37pm |
| **SUB TEST** | **.00** | **9:38pm** |
| AIR BLK | .00 | 9:39pm |
| **SUB TEST** | **.00** | **9:41pm** |
| AIR BLK | .00 | 9:41pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008704* Test Record Number: *595*
Test Date: *12/20/2019* Test Time: *9:49pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:50pm |
| FLO | Pass | 9:50pm |
| FC | Pass | 9:50pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:50pm |
| SRC | Pass | 9:50pm |
| DET | Pass | 9:50pm |
| BAR | Pass | 9:50pm |
| BT | Pass | 9:50pm |

Blank Tescs

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:50pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:50pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:51pm |
| CAL | Pass | 9:51pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008647 Lumberton 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 20th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

664
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

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: 008647 Test Record Number: *2498*
Test Date: 12 20 2010 Test Time: *9:49pm EST*

System Check: Passed

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:50pm |
| FLO | Pass | 9:50pm |
| FC | Pass | 9:50pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:50pm |
| SRC | Pass | 9:50pm |
| DET | Pass | 9:50pm |
| BAR | Pass | 9:50pm |
| BT | Pass | 9:50pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:51pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:51pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:51pm |
| CAL | Pass | 9:51pm |

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**

*ROBESON COUNTY BAT MOBILE UNIT S 770*

Serial Number: *008647*
Test Date: *12/20/2019*

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

Analyst's Name: *TODD, SHANE C*
Permit Number: *113PLE*
Effective:
*07/27/2018-07/01/2020*

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:32pm |
| AIR BLK | .00 | 9:33pm |
| ACCY CHK | .08 | 9:34pm |
| AIR BLK | .00 | 9:35pm |
| **SUB TEST** | **.00** | **9:35pm** |
| AIR BLK | .00 | 9:36pm |
| **SUB TEST** | **.00** | **9:38pm** |
| AIR BLK | .00 | 9:39pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008616 Lumberton 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 21 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

664
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008616*
Test Date: *12/21/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 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 | 8:34pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008616* Test Record Number: *2520*
Test Date: *12/21/2019* Test Time: *8:41pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:41pm |
| FLO | Pass | 8:42pm |
| FC | Pass | 8:42pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:42pm |
| SRC | Pass | 8:42pm |
| DET | Pass | 8:42pm |
| BAR | Pass | 8:42pm |
| BT | Pass | 8:42pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:42pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:42pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:42pm |
| CAL | Pass | 8:42pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008704 Lumberton 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 21st day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

664
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008704*
Test Date: *12/21/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:26pm |
| AIR BLK | .00 | 8:27pm |
| ACCY CHK | .08 | 8:27pm |
| AIR BLK | .00 | 8:28pm |
| **SUB TEST** | **.00** | **8:29pm** |
| AIR BLK | .00 | 8:30pm |
| **SUB TEST** | **.00** | **8:31pm** |
| AIR BLK | .00 | 8:32pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008704* Test Record Number: *598*
Test Date: *12/21/2019* Test Time: *8:33pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:34pm |
| FLO | Pass | 8:34pm |
| FC | Pass | 8:34pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:34pm |
| SRC | Pass | 8:34pm |
| DET | Pass | 8:34pm |
| BAR | Pass | 8:34pm |
| BT | Pass | 8:34pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:34pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:35pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:35pm |
| CAL | Pass | 8:35pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008704 Lumberton PD

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

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

I certify that on the 31 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

664
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008704*
Test Date: *12/31/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:11pm |
| AIR BLK | .00 | 10:12pm |
| ACCY CHK | .08 | 10:12pm |
| AIR BLK | .00 | 10:13pm |
| **SUB TEST** | **.00** | **10:14pm** |
| AIR BLK | .00 | 10:15pm |
| **SUB TEST** | **.00** | **10:17pm** |
| AIR BLK | .00 | 10:18pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

# Intox EC/IR-II: Preventive Maintenance

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008704* Test Record Number: *602*
Test Date: *12/31/2019* Test Time: *10:19pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:19pm |
| FLO | Pass | 10:19pm |
| FC | Pass | 10:19pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:19pm |
| SRC | Pass | 10:19pm |
| DET | Pass | 10:19pm |
| BAR | Pass | 10:19pm |
| BT | Pass | 10:19pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:20pm |
| CAL | Pass | 10:20pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008616 Lumberton 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 31 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

664
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

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008616* Test Record Number: *2523*
Test Date: *12/31/2019* Test Time: *10:28pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:28pm |
| FLO | Pass | 10:28pm |
| FC | Pass | 10:28pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:28pm |
| SRC | Pass | 10:28pm |
| DET | Pass | 10:28pm |
| BAR | Pass | 10:28pm |
| BT | Pass | 10:28pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:29pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:29pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:29pm |
| CAL | Pass | 10:29pm |

Preventive Maintenance
Status: Pass

**Analyst**

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

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY BAT MOBILE UNIT 5 770*

Serial Number: *008616*
Test Date: *12/31/2019*

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

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

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

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

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:19pm |
| AIR BLK | .00 | 10:20pm |
| ACCY CHK | .07 | 10:20pm |
| AIR BLK | .00 | 10:21pm |
| **SUB TEST** | **.00** | **10:22pm** |
| AIR BLK | .00 | 10:23pm |
| **SUB TEST** | **.00** | **10:24pm** |
| AIR BLK | .00 | 10:25pm |

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

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

County Robeson Co. Instrument Location Lumberton Police Dept

Instrument Serial No. 008629 Lumberton, NC

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

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

**I certify that on the 20th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

654
Certificate Number

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

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY LUMBERTON PD 770*

Serial Number: *008629*
Test Date: *12/20/2019*

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

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

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

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

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

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

Signature of Chemical Analyst

Court CVR

**Analyst**

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

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

*ROBESON COUNTY LUMBERTON PD 770*

Serial Number: *008629* Test Record Number: *819*
Test Date: *12/20/2019* Test Time: *1:37pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:37pm |
| FLO | Pass | 1:37pm |
| FC | Pass | 1:38pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:38pm |
| SRC | Pass | 1:38pm |
| DET | Pass | 1:38pm |
| BAR | Pass | 1:38pm |
| BT | Pass | 1:38pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:38pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:38pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:38pm |
| CAL | Pass | 1:39pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Co. Instrument Location Robeson Co. Detention Center

Instrument Serial No. 005805 Lumberton, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 20th 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

654
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY DETENTION CENTER 770*

Serial Number: *008805*
Test Date: *12/20/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG911506
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:23pm |
| AIR BLK | .00 | 12:24pm |
| ACCY CHK | .08 | 12:25pm |
| AIR BLK | .00 | 12:26pm |
| **SUB TEST** | **.00** | **12:26pm** |
| AIR BLK | .00 | 12:27pm |
| **SUB TEST** | **.00** | **12:29pm** |
| AIR BLK | .00 | 12:30pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*ROBESON COUNTY DETENTION CENTER 770*

Serial Number: *008805* Test Record Number: *4508*
Test Date: *12/20/2019* Test Time: *12:31pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:31pm |
| FLO | Pass | 12:31pm |
| FC | Pass | 12:31pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:31pm |
| SRC | Pass | 12:31pm |
| DET | Pass | 12:31pm |
| BAR | Pass | 12:31pm |
| BT | Pass | 12:31pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:32pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:32pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:32pm |
| CAL | Pass | 12:32pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Robeson Co. Instrument Location Robeson Co. Detention Center

Instrument Serial No. 008836 Lumberton, NC

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 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

654
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*ROBESON COUNTY DETENTION CENTER 770*

Serial Number: *008836*
Test Date: *12/20/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Keesler, Grayham C*
Permit Number: *0045-5487*
Effective:
*11/04/2019-11/04/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG911506
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:33pm |
| AIR BLK | .00 | 12:34pm |
| ACCY CHK | .07 | 12:34pm |
| AIR BLK | .00 | 12:35pm |
| **SUB TEST** | **.00** | **12:36pm** |
| AIR BLK | .00 | 12:37pm |
| **SUB TEST** | **.00** | **12:39pm** |
| AIR BLK | .00 | 12:39pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*ROBESON COUNTY DETENTION CENTER 770*

Serial Number: *008836* Test Record Number: *5336*
Test Date: *12/20/2019* Test Time: *12:40pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:40pm |
| FLO | Pass | 12:40pm |
| FC | Pass | 12:41pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:41pm |
| SRC | Pass | 12:41pm |
| DET | Pass | 12:41pm |
| BAR | Pass | 12:41pm |
| BT | Pass | 12:41pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:41pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:41pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:41pm |
| CAL | Pass | 12:41pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Rutherford Instrument Location Rutherford County SO

Instrument Serial No. 008914 400 N. Washington St., Rutherfordton

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800*

Serial Number: *008914*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name: *PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective: *11/13/2019-11/13/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG814902
Exp Date: 05/29/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:11am |
| AIR BLK | .00 | 11:13am |
| ACCY CHK | .08 | 11:13am |
| AIR BLK | .00 | 11:14am |
| **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

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*RUTHERFORD COUNTY RUTHERFORD COUNTY SO 800*

Serial Number: *008914* Test Record Number: *2141*
Test Date: *12/16/2019* Test Time: *11:20am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:21am |
| FLO | Pass | 11:21am |
| FC | Pass | 11:21am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:21am |
| SRC | Pass | 11:21am |
| DET | Pass | 11:21am |
| BAR | Pass | 11:21am |
| BT | Pass | 11:21am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:22am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:22am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:22am |
| CAL | Pass | 11:22am |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Rutherford Instrument Location Forest City PD

Instrument Serial No. 008889 187 S Church St., Forest City

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*RUTHERFORD COUNTY FOREST CITY PD 800*

Serial Number: *008889*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG814902
Exp Date: 05/29/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:48am |
| AIR BLK | .00 | 11:49am |
| ACCY CHK | .07 | 11:49am |
| AIR BLK | .00 | 11:51am |
| **SUB TEST** | **.00** | **11:52am** |
| AIR BLK | .00 | 11:53am |
| **SUB TEST** | **.00** | **11:54am** |
| AIR BLK | .00 | 11:55am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*RUTHERFORD COUNTY FOREST CITY PD 800*

Serial Number: *008889* Test Record Number: *872*
Test Date: *12/16/2019* Test Time: *11:57am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:57am |
| FLO | Pass | 11:57am |
| FC | Pass | 11:57am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:57am |
| SRC | Pass | 11:57am |
| DET | Pass | 11:57am |
| BAR | Pass | 11:57am |
| BT | Pass | 11:57am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:58am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:58am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:58am |
| CAL | Pass | 11:58am |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Scotland Instrument Location BAT Mobile Unit #5

Instrument Serial No. 008704 Scotland County Sheriff Office

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 1 day of December, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official 664 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*SCOTLAND COUNTY BAT MOBILE UNIT 5 820*

Serial Number: *008704*
Test Date: *12/01/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *TODD, SHANE C*
Permit Number: *11391E*
Effective:
*07/27/2018-07/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:15am |
| AIR BLK | .00 | 2:16am |
| ACCY CHK | .08 | 2:16am |
| AIR BLK | .00 | 2:17am |
| **SUB TEST** | **.00** | **2:18am** |
| AIR BLK | .00 | 2:19am |
| **SUB TEST** | **.00** | **2:20am** |
| AIR BLK | .00 | 2:21am |

**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

*SCOTLAND COUNTY BAT MOBILE UNIT 5 820*

Serial Number: *008704* Test Record Number: *588*
Test Date: *12/01/2019* Test Time: *2:21am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:22am |
| FLO | Pass | 2:22am |
| FC | Pass | 2:22am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:22am |
| SRC | Pass | 2:22am |
| DET | Pass | 2:22am |
| BAR | Pass | 2:22am |
| BT | Pass | 2:22am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:23am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:23am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:23am |
| CAL | Pass | 2:23am |

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 Stanly Instrument Location Locust PD

Instrument Serial No. 008706 186 Ray Kennedy Dr, Locust

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

650
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*STANLY LOCUST PD 830*

Serial Number: *008706*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Hutchinson, Joseph E*
Permit Number: *0035-6075*
Effective:
*07/09/2019-07/09/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG805801
Exp Date: 02/27/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:45pm |
| AIR BLK | .00 | 12:46pm |
| ACCY CHK | .08 | 12:47pm |
| AIR BLK | .00 | 12:48pm |
| **SUB TEST** | **.00** | **12:48pm** |
| AIR BLK | .00 | 12:49pm |
| **SUB TEST** | **.00** | **12:51pm** |
| AIR BLK | .00 | 12:52pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*STANLY LOCUST PD 830*

Serial Number: *008706* Test Record Number: *3541*
Test Date: *12/16/2019* Test Time: *12:54pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:54pm |
| FLO | Pass | 12:54pm |
| FC | Pass | 12:54pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:54pm |
| SRC | Pass | 12:54pm |
| DET | Pass | 12:54pm |
| BAR | Pass | 12:54pm |
| BT | Pass | 12:54pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:55pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:55pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:55pm |
| CAL | Pass | 12:55pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

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 Police Department

Instrument Serial No. 008938

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Dale Farley — Signature of Certifying Official

655 — 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**

*SURRY COUNTY PILOT MOUNTAIN PD 850*

Serial Number: *008938*
Test Date: *12/19/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG919901
Exp Date: 07/18/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:04pm |
| AIR BLK | .00 | 2:05pm |
| ACCY CHK | .08 | 2:06pm |
| AIR BLK | .00 | 2:07pm |
| **SUB TEST** | **.00** | **2:08pm** |
| AIR BLK | .00 | 2:09pm |
| **SUB TEST** | **.00** | **2:11pm** |
| AIR BLK | .00 | 2:12pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*SURRY COUNTY PILOT MOUNTAIN PD 850*

Serial Number: *008938* Test Record Number: *659*
Test Date: *12/19/2019* Test Time: *2:15pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:15pm |
| FLO | Pass | 2:15pm |
| FC | Pass | 2:15pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:15pm |
| SRC | Pass | 2:15pm |
| DET | Pass | 2:15pm |
| BAR | Pass | 2:15pm |
| BT | Pass | 2:15pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:16pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:16pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:16pm |
| CAL | Pass | 2:16pm |

Preventive Maintenance
Status: Pass

C Dale Farley

**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 Surry Instrument Location Mount Airy Police Department

Instrument Serial No. 008943

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

655
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**

*SURRY COUNTY MOUNT AIRY PD 850*

Serial Number: *008943*
Test Date: *12/19/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:54pm |
| AIR BLK | .00 | 12:55pm |
| ACCY CHK | .08 | 12:56pm |
| AIR BLK | .00 | 12:57pm |
| **SUB TEST** | **.00** | **12:59pm** |
| AIR BLK | .00 | 1:00pm |
| **SUB TEST** | **.00** | **1:02pm** |
| AIR BLK | .00 | 1:03pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY MOUNT AIRY PD 850*

Serial Number: *008943* Test Record Number: *2172*
Test Date: *12/19/2019* Test Time: *1:04pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:04pm |
| FLO | Pass | 1:04pm |
| FC | Pass | 1:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:05pm |
| SRC | Pass | 1:05pm |
| DET | Pass | 1:05pm |
| BAR | Pass | 1:05pm |
| BT | Pass | 1:05pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:05pm |
| CAL | Pass | 1:05pm |

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 Surry Instrument Location Surry

Instrument Serial No. 008934 County Jail Dobson NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 18th day of December, 20 17, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

655
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**

*SURRY COUNTY SURRY CO JAIL 850*

Serial Number: *008934*
Test Date: *12/18/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 3:56pm |
| AIR BLK | .00 | 3:56pm |
| ACCY CHK | .07 | 3:57pm |
| AIR BLK | .00 | 3:58pm |
| **SUB TEST** | **.00** | **3:59pm** |
| AIR BLK | .00 | 4:00pm |
| **SUB TEST** | **.00** | **4:01pm** |
| AIR BLK | .00 | 4:02pm |

**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

*SURRY COUNTY SURRY CO JAIL 850*

Serial Number: *008934* Test Record Number: *2088*
Test Date: *12/18/2019* Test Time: *4:08pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:08pm |
| FLO | Pass | 4:08pm |
| FC | Pass | 4:09pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:09pm |
| SRC | Pass | 4:09pm |
| DET | Pass | 4:09pm |
| BAR | Pass | 4:09pm |
| BT | Pass | 4:09pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:09pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:09pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:09pm |
| CAL | Pass | 4:09pm |

Preventive Maintenance
Status: Pass

Dale Farley
**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

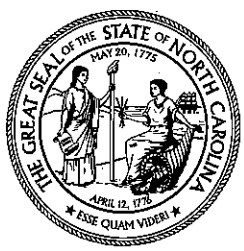
County Surry Instrument Location Elkin

Instrument Serial No. 008926 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 18th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**




Signature of Certifying Official

655
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**

*SURRY COUNTY ELKIN PD 850*

Serial Number: *008926*
Test Date: *12/18/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:29pm |
| AIR BLK | .00 | 2:29pm |
| ACCY CHK | .08 | 2:30pm |
| AIR BLK | .00 | 2:31pm |
| **SUB TEST** | **.00** | **2:32pm** |
| AIR BLK | .00 | 2:33pm |
| **SUB TEST** | **.00** | **2:35pm** |
| AIR BLK | .00 | 2:35pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*SURRY COUNTY ELKIN PD 850*

Serial Number: *008926* Test Record Number: *875*
Test Date: *12/18/2019* Test Time: *2:37pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:37pm |
| FLO | Pass | 2:37pm |
| FC | Pass | 2:37pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:37pm |
| SRC | Pass | 2:37pm |
| DET | Pass | 2:37pm |
| BAR | Pass | 2:37pm |
| BT | Pass | 2:37pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:38pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:38pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:38pm |
| CAL | Pass | 2:38pm |

Preventive Maintenance
Status: Pass

Dale Farley
**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 Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008609 Brevard, NC

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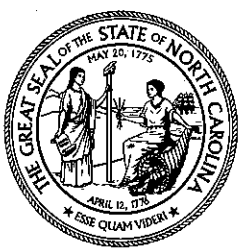
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**




Signature of Certifying Official

635
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*TRANSYLVANIA COUNTY TRANSYLVANIA CO*
*JAIL 870*

Serial Number: *008609*
Test Date: *12/04/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

Officer's Name: *NONE,*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:26am |
| AIR BLK | .00 | 10:27am |
| ACCY CHK | .08 | 10:28am |
| AIR BLK | .00 | 10:29am |
| **SUB TEST** | **.00** | **10:29am** |
| AIR BLK | .00 | 10:30am |
| **SUB TEST** | **.00** | **10:32am** |
| AIR BLK | .00 | 10:33am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870*

Serial Number: *008609* Test Record Number: *846*
Test Date: *12/04/2019* Test Time: *10:34am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:34am |
| FLO | Pass | 10:34am |
| FC | Pass | 10:34am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:34am |
| SRC | Pass | 10:34am |
| DET | Pass | 10:34am |
| BAR | Pass | 10:34am |
| BT | Pass | 10:34am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:35am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:35am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:35am |
| CAL | Pass | 10:35am |

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 Transylvania Instrument Location Transylvania Co. Jail

Instrument Serial No. 008820 Brevard, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 4th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

635
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*TRANSYLVANIA COUNTY TRANSYLVANIA CO*
*JAIL 870*

Serial Number: *008820*
Test Date: *12/04/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Cutler, Daniel R*
Permit Number: *0084-3310*
Effective:
*07/12/2019-07/12/2021*

Officer's Name: *NONE,*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG920301
Exp Date: 07/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:25am |
| AIR BLK | .00 | 10:26am |
| ACCY CHK | .07 | 10:27am |
| AIR BLK | .00 | 10:28am |
| **SUB TEST** | **.00** | **10:28am** |
| AIR BLK | .00 | 10:29am |
| **SUB TEST** | **.00** | **10:31am** |
| AIR BLK | .00 | 10:32am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870*

Serial Number: *008820* Test Record Number: *1305*
Test Date: *12/04/2019* Test Time: *10:33am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:33am |
| FLO | Pass | 10:33am |
| FC | Pass | 10:33am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:34am |
| SRC | Pass | 10:34am |
| DET | Pass | 10:34am |
| BAR | Pass | 10:34am |
| BT | Pass | 10:34am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:34am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:34am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:34am |
| CAL | Pass | 10:34am |

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 Union Instrument Location Union County SO

Instrument Serial No. 0088876 3344 Presson Rd. Monroe

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 27 day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*UNION COUNTY UNION COUNTY SO 890*

Serial Number: *008876*
Test Date: *12/27/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG902201
Exp Date: 01/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:33am |
| AIR BLK | .00 | 9:34am |
| ACCY CHK | .07 | 9:35am |
| AIR BLK | .00 | 9:36am |
| **SUB TEST** | **.00** | **9:37am** |
| AIR BLK | .00 | 9:38am |
| **SUB TEST** | **.00** | **9:40am** |
| AIR BLK | .00 | 9:41am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*UNION COUNTY UNION COUNTY SO 890*

Serial Number: *008876* Test Record Number: *5506*
Test Date: *12/27/2019* Test Time: *9:43am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:43am |
| FLO | Pass | 9:43am |
| FC | Pass | 9:43am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:44am |
| SRC | Pass | 9:44am |
| DET | Pass | 9:44am |
| BAR | Pass | 9:44am |
| BT | Pass | 9:44am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:44am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:44am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:44am |
| CAL | Pass | 9:44am |

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 Union Instrument Location Union County SO

Instrument Serial No. 008866 3344 Presson Rd. Monroe

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 27 day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

656
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*UNION COUNTY UNION COUNTY SO 890*

Serial Number: *008866*
Test Date: *12/27/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Hays, Mark D*
Permit Number: *0011-3099*
Effective:
*11/13/2019-11/13/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG904301
Exp Date: 02/12/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:56am |
| AIR BLK | .00 | 9:56am |
| ACCY CHK | .07 | 9:57am |
| AIR BLK | .00 | 9:58am |
| **SUB TEST** | **.00** | **9:59am** |
| AIR BLK | .00 | 10:00am |
| **SUB TEST** | **.00** | **10:01am** |
| AIR BLK | .00 | 10:02am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*UNION COUNTY UNION COUNTY SO 890*

Serial Number: *008866* Test Record Number: *3454*
Test Date: *12/27/2019* Test Time: *10:03am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:04am |
| FLO | Pass | 10:04am |
| FC | Pass | 10:04am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:04am |
| SRC | Pass | 10:04am |
| DET | Pass | 10:04am |
| BAR | Pass | 10:04am |
| BT | Pass | 10:04am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:05am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:05am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:05am |
| CAL | Pass | 10:05am |

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 WAKE FOREST PD

Instrument Serial No. 008700 225 S. TAYLOR ST. WAKE FOREST, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 12 day of DECEMBER, 20 19 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

637
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY WAKE FOREST PD 910*

Serial Number: *008700*
Test Date: *12/12/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Smith, Brian D*
Permit Number: *0032-6608*
Effective:
*07/09/2019-07/09/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG814901
Exp Date: 05/29/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 7:49pm |
| AIR BLK | .00 | 7:49pm |
| ACCY CHK | .08 | 7:50pm |
| AIR BLK | .00 | 7:51pm |
| **SUB TEST** | **.00** | **7:52pm** |
| AIR BLK | .00 | 7:53pm |
| **SUB TEST** | **.00** | **7:54pm** |
| AIR BLK | .00 | 7:55pm |

**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**

*WAKE COUNTY WAKE FOREST PD 910*

Serial Number: *008700* Test Record Number: *1640*
Test Date: *12/12/2019* Test Time: *7:56pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 7:56pm |
| FLO | Pass | 7:56pm |
| FC | Pass | 7:56pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 7:56pm |
| SRC | Pass | 7:56pm |
| DET | Pass | 7:56pm |
| BAR | Pass | 7:56pm |
| BT | Pass | 7:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 7:57pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 7:57pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 7:57pm |
| CAL | Pass | 7:57pm |

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 SAT MAIDE UNIT 6

Instrument Serial No. 008776 RALEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 6 day of NOVEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008776*
Test Date: *12/06/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG902201
Exp Date: 01/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:06pm |
| AIR BLK | .00 | 5:07pm |
| ACCY CHK | .07 | 5:07pm |
| AIR BLK | .00 | 5:08pm |
| **SUB TEST** | **.00** | **5:08pm** |
| AIR BLK | .00 | 5:09pm |
| **SUB TEST** | **.00** | **5:11pm** |
| AIR BLK | .00 | 5:12pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

## Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008776* Test Record Number: *3559*
Test Date: *12/06/2019* Test Time: *5:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:13pm |
| FLO | Pass | 5:13pm |
| FC | Pass | 5:14pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:14pm |
| SRC | Pass | 5:14pm |
| DET | Pass | 5:14pm |
| BAR | Pass | 5:14pm |
| BT | Pass | 5:14pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:14pm |
| CAL | Pass | 5:14pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MOBILE UNIT 6

Instrument Serial No. 008637 RAHEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008637*
Test Date: *12/06/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG716201
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:05pm |
| AIR BLK | .00 | 5:06pm |
| ACCY CHK | .07 | 5:06pm |
| AIR BLK | .00 | 5:07pm |
| **SUB TEST** | **.00** | **5:08pm** |
| AIR BLK | .00 | 5:09pm |
| **SUB TEST** | **.00** | **5:10pm** |
| AIR BLK | .00 | 5:11pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008637* Test Record Number: *3042*
Test Date: *12/06/2019* Test Time: *5:13pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:13pm |
| FLO | Pass | 5:13pm |
| FC | Pass | 5:13pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:14pm |
| SRC | Pass | 5:14pm |
| DET | Pass | 5:14pm |
| BAR | Pass | 5:14pm |
| BT | Pass | 5:14pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:14pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:14pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:14pm |
| CAL | Pass | 5:14pm |

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 NAT MONTIE UNIT 6

Instrument Serial No. 008686 RALEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of DECEMBER, 2014, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008686*
Test Date: *12/06/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *FTA*
Test Type: *Breath Test*

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:58pm |
| AIR BLK | .00 | 4:59pm |
| ACCY CHK | .07 | 4:59pm |
| AIR BLK | .00 | 5:00pm |
| **SUB TEST** | **.00** | **5:01pm** |
| AIR BLK | .00 | 5:02pm |
| **SUB TEST** | **.00** | **5:03pm** |
| AIR BLK | .00 | 5:04pm |

**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 6 910*

Serial Number: *008686* Test Record Number: *6667*
Test Date: *12/06/2019* Test Time: *5:07pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:08pm |
| FLO | Pass | 5:08pm |
| FC | Pass | 5:08pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:08pm |
| SRC | Pass | 5:08pm |
| DET | Pass | 5:08pm |
| BAR | Pass | 5:08pm |
| BT | Pass | 5:08pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:09pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:09pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:09pm |
| CAL | Pass | 5:09pm |

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 SAT MONITE UNIT 6

Instrument Serial No. 008779 RALEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008779*
Test Date: *12/06/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG911506
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:36pm |
| AIR BLK | .00 | 4:37pm |
| ACCY CHK | .07 | 4:37pm |
| AIR BLK | .00 | 4:38pm |
| **SUB TEST** | **.00** | **4:39pm** |
| AIR BLK | .00 | 4:40pm |
| **SUB TEST** | **.00** | **4:41pm** |
| AIR BLK | .00 | 4:42pm |

**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 6 910*

Serial Number: *008779* Test Record Number: *3602*
Test Date: *12/06/2019* Test Time: *4:43pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:43pm |
| FLO | Pass | 4:43pm |
| FC | Pass | 4:43pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:44pm |
| SRC | Pass | 4:44pm |
| DET | Pass | 4:44pm |
| BAR | Pass | 4:44pm |
| BT | Pass | 4:44pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:44pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:44pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:44pm |
| CAL | Pass | 4:44pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MONROE UNIT 6

Instrument Serial No. 008584 RALEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of DECEMBER, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

463
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008584*
Test Date: *12/06/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:30pm |
| AIR BLK | .00 | 4:31pm |
| ACCY CHK | .07 | 4:31pm |
| AIR BLK | .00 | 4:32pm |
| **SUB TEST** | **.00** | **4:33pm** |
| AIR BLK | .00 | 4:34pm |
| **SUB TEST** | **.00** | **4:35pm** |
| AIR BLK | .00 | 4:36pm |

**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 6 910*

Serial Number: *008584* Test Record Number: *2305*
Test Date: *12/06/2019* Test Time: *4:37pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:38pm |
| FLO | Pass | 4:38pm |
| FC | Pass | 4:38pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:38pm |
| SRC | Pass | 4:38pm |
| DET | Pass | 4:38pm |
| BAR | Pass | 4:38pm |
| BT | Pass | 4:38pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:39pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:39pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:39pm |
| CAL | Pass | 4:39pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location BAT MONROE

Instrument Serial No. 008580 RALEIGH

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 6 day of DECEMBER, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY BAT MOBILE UNIT 6 910*

Serial Number: *008580*
Test Date: *12/06/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:30pm |
| AIR BLK | .00 | 4:31pm |
| ACCY CHK | .07 | 4:31pm |
| AIR BLK | .00 | 4:32pm |
| **SUB TEST** | **.00** | **4:33pm** |
| AIR BLK | .00 | 4:34pm |
| **SUB TEST** | **.00** | **4:35pm** |
| AIR BLK | .00 | 4:36pm |

**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 6 910*

Serial Number: *008580* Test Record Number: *2539*
Test Date: *12/06/2019* Test Time: *4:37pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:38pm |
| FLO | Pass | 4:38pm |
| FC | Pass | 4:38pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:38pm |
| SRC | Pass | 4:38pm |
| DET | Pass | 4:38pm |
| BAR | Pass | 4:38pm |
| BT | Pass | 4:38pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:38pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:38pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:39pm |
| CAL | Pass | 4:39pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County WAKE Instrument Location RALEIGH PD NORTHEAST DISTRICT

Instrument Serial No. 008623 5228 GREEN'S DAIRY RD RALEIGH, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 09 day of DECEMBER, 20 19 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

637
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY NORTH EAST DISTRICT 910*

Serial Number: *008623*
Test Date: *12/09/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Smith, Brian D*
Permit Number: *0032-6608*
Effective:
*07/09/2019-07/09/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG902201
Exp Date: 01/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 10:27am |
| AIR BLK | .00 | 10:28am |
| ACCY CHK | .08 | 10:28am |
| AIR BLK | .00 | 10:30am |
| **SUB TEST** | **.00** | **10:31am** |
| AIR BLK | .00 | 10:32am |
| **SUB TEST** | **.00** | **10:34am** |
| AIR BLK | .00 | 10:34am |

**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 NORTH EAST DISTRICT 910*

Serial Number: *008623* Test Record Number: *3909*
Test Date: *12/09/2019* Test Time: *10:35am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 10:36am |
| FLO | Pass | 10:36am |
| FC | Pass | 10:36am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 10:36am |
| SRC | Pass | 10:36am |
| DET | Pass | 10:36am |
| BAR | Pass | 10:36am |
| BT | Pass | 10:36am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 10:36am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 10:37am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 10:37am |
| CAL | Pass | 10:37am |

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 Wake Co Detention Ctr

Instrument Serial No. 008924 3301 Hammond Rd Raleigh NC

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The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31 day of 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

662
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY DETENTION CENTER 910*

Serial Number: *008924*
Test Date: *12/31/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, STOKES*
Permit Number: *11434E*
Effective:
*04/01/2019-04/01/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG919902
Exp Date: 07/18/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 9:30am |
| AIR BLK | .00 | 9:31am |
| ACCY CHK | .08 | 9:31am |
| AIR BLK | .00 | 9:32am |
| **SUB TEST** | **.00** | **9:33am** |
| AIR BLK | .00 | 9:33am |
| **SUB TEST** | **.00** | **9:35am** |
| AIR BLK | .00 | 9:36am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*WAKE COUNTY DETENTION CENTER 910*

Serial Number: *008924* Test Record Number: *1494*
Test Date: *12/31/2019* Test Time: *9:36am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 9:37am |
| FLO | Pass | 9:37am |
| FC | Pass | 9:37am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 9:37am |
| SRC | Pass | 9:37am |
| DET | Pass | 9:37am |
| BAR | Pass | 9:37am |
| BT | Pass | 9:37am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 9:37am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 9:37am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 9:38am |
| CAL | Pass | 9:38am |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 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 Knightdale PD

Instrument Serial No. 008838 979 Steeple Square Ct. Knightdale, NC

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 31 day of 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

662
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAKE COUNTY KNIGHTDALE PS 910*

Serial Number: *008838*
Test Date: *12/31/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *BARNES, STOKES*
Permit Number: *11434E*
Effective:
*04/01/2019-04/01/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG919902
Exp Date: 07/18/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 12:30pm |
| AIR BLK | .00 | 12:31pm |
| ACCY CHK | .07 | 12:32pm |
| AIR BLK | .00 | 12:33pm |
| **SUB TEST** | **.00** | **12:33pm** |
| AIR BLK | .00 | 12:34pm |
| **SUB TEST** | **.00** | **12:35pm** |
| AIR BLK | .00 | 12:36pm |

**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 KNIGHTDALE PS 910*

Serial Number: *008838* Test Record Number: *1947*
Test Date: *12/31/2019* Test Time: *12:37pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 12:37pm |
| FLO | Pass | 12:37pm |
| FC | Pass | 12:37pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 12:37pm |
| SRC | Pass | 12:37pm |
| DET | Pass | 12:37pm |
| BAR | Pass | 12:37pm |
| BT | Pass | 12:37pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 12:38pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 12:38pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 12:38pm |
| CAL | Pass | 12:38pm |

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 RAT MODE UNIT 6

Instrument Serial No. 008776 GOLDSBORO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

Signature of Certifying Official

CC3
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY BAT MOBILE UNIT 6 950*

Serial Number: *008776*
Test Date: *12/14/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG902201
Exp Date: 01/22/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:45pm |
| AIR BLK | .00 | 8:46pm |
| ACCY CHK | .08 | 8:47pm |
| AIR BLK | .00 | 8:48pm |
| **SUB TEST** | **.00** | **8:48pm** |
| AIR BLK | .00 | 8:49pm |
| **SUB TEST** | **.00** | **8:50pm** |
| AIR BLK | .00 | 8:51pm |

**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 BAT MOBILE UNIT 6 950*

Serial Number: *008776* Test Record Number: *3561*
Test Date: *12/14/2019* Test Time: *8:53pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:53pm |
| FLO | Pass | 8:53pm |
| FC | Pass | 8:53pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:53pm |
| SRC | Pass | 8:53pm |
| DET | Pass | 8:53pm |
| BAR | Pass | 8:53pm |
| BT | Pass | 8:53pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:54pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:54pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:54pm |
| CAL | Pass | 8:54pm |

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 BAT MIDDLE UNIT 6

Instrument Serial No. 008637 GOLDSBORO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA MAY 20, 1775 APRIL 12, 1776 ESSE QUAM VIDERI

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY BAT MOBILE UNIT 6 950*

Serial Number: *008637*
Test Date: *12/14/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG716201
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:45pm |
| AIR BLK | .00 | 8:46pm |
| ACCY CHK | .07 | 8:46pm |
| AIR BLK | .00 | 8:47pm |
| **SUB TEST** | **.00** | **8:47pm** |
| AIR BLK | .00 | 8:48pm |
| **SUB TEST** | **.00** | **8:50pm** |
| AIR BLK | .00 | 8:51pm |

**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 BAT MOBILE UNIT 6 950*

Serial Number: *008637* Test Record Number: *3044*
Test Date: *12/14/2019* Test Time: *8:52pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:52pm |
| FLO | Pass | 8:52pm |
| FC | Pass | 8:52pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:52pm |
| SRC | Pass | 8:52pm |
| DET | Pass | 8:52pm |
| BAR | Pass | 8:52pm |
| BT | Pass | 8:52pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:53pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:53pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:53pm |
| CAL | Pass | 8:53pm |

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 DAF MOBILE UNIT 6

Instrument Serial No. 008686 GOLDSBORO

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

663
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY BAT MOBILE UNIT 6 950*

Serial Number: *008686*
Test Date: *12/14/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Varnell, Bryon L*
Permit Number: *0036-1210*
Effective:
*08/14/2019-08/14/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG807101
Exp Date: 03/12/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 8:43pm |
| AIR BLK | .00 | 8:44pm |
| ACCY CHK | .07 | 8:44pm |
| AIR BLK | .00 | 8:45pm |
| **SUB TEST** | **.00** | **8:46pm** |
| AIR BLK | .00 | 8:47pm |
| **SUB TEST** | **.00** | **8:48pm** |
| AIR BLK | .00 | 8:49pm |

**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 BAT MOBILE UNIT 6 950*

Serial Number: *008686* Test Record Number: *6669*
Test Date: *12/14/2019* Test Time: *8:50pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 8:50pm |
| FLO | Pass | 8:50pm |
| FC | Pass | 8:50pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 8:50pm |
| SRC | Pass | 8:50pm |
| DET | Pass | 8:50pm |
| BAR | Pass | 8:50pm |
| BT | Pass | 8:50pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 8:51pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 8:51pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 8:51pm |
| CAL | Pass | 8:51pm |

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 A.F.B.

Instrument Serial No. 028786 1010 Vermont Garrison Rd. Goldsboro N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 20th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WAYNE COUNTY SEYMOUR JOHNSON AFB 950*

Serial Number: *008786*
Test Date: *12/20/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Keesler, Linda A*
Permit Number: *11646E*
Effective:
*07/08/2019-07/08/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG814901
Exp Date: 05/29/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 11:13am |
| AIR BLK | .00 | 11:14am |
| ACCY CHK | .08 | 11:15am |
| AIR BLK | .00 | 11:16am |
| **SUB TEST** | **.00** | **11:16am** |
| AIR BLK | .00 | 11:17am |
| **SUB TEST** | **.00** | **11:19am** |
| AIR BLK | .00 | 11:20am |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*WAYNE COUNTY SEYMOUR JOHNSON AFB 950*

Serial Number: *008786* Test Record Number: *340*
Test Date: *12/20/2019* Test Time: *11:21am EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 11:21am |
| FLO | Pass | 11:21am |
| FC | Pass | 11:22am |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 11:22am |
| SRC | Pass | 11:22am |
| DET | Pass | 11:22am |
| BAR | Pass | 11:22am |
| BT | Pass | 11:22am |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 11:22am |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 11:22am |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 11:22am |
| CAL | Pass | 11:22am |

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 Wilkes Instrument Location Wilkes Co Detention Wilkesboro, NC

Instrument Serial No. 008843

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Dale Farley
Signature of Certifying Official

655
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**

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008843*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG805801
Exp Date: 02/27/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 5:11pm |
| AIR BLK | .00 | 5:12pm |
| ACCY CHK | .08 | 5:13pm |
| AIR BLK | .00 | 5:14pm |
| **SUB TEST** | **.00** | **5:14pm** |
| AIR BLK | .00 | 5:15pm |
| **SUB TEST** | **.00** | **5:17pm** |
| AIR BLK | .00 | 5:18pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

**Intox EC/IR-II: Preventive Maintenance**

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008843* Test Record Number: *2421*
Test Date: *12/16/2019* Test Time: *5:19pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 5:20pm |
| FLO | Pass | 5:20pm |
| FC | Pass | 5:20pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 5:20pm |
| SRC | Pass | 5:20pm |
| DET | Pass | 5:20pm |
| BAR | Pass | 5:20pm |
| BT | Pass | 5:20pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 5:20pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 5:20pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 5:20pm |
| CAL | Pass | 5:20pm |

Preventive Maintenance
Status: Pass

Dale Farley

**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 Wilkes Instrument Location Wilkes Co. Detention Wilkesboro, NC

Instrument Serial No. 008865

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

G Dale Farley — Signature of Certifying Official

655 — 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**

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008865*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG805801
Exp Date: 02/27/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 4:47pm |
| AIR BLK | .00 | 4:48pm |
| ACCY CHK | .07 | 4:48pm |
| AIR BLK | .00 | 4:50pm |
| **SUB TEST** | **.00** | **4:51pm** |
| AIR BLK | .00 | 4:51pm |
| **SUB TEST** | **.00** | **4:53pm** |
| AIR BLK | .00 | 4:54pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*WILKES COUNTY WILKES CO DETENTION 960*

Serial Number: *008865* Test Record Number: *730*
Test Date: *12/16/2019* Test Time: *4:55pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 4:55pm |
| FLO | Pass | 4:55pm |
| FC | Pass | 4:55pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 4:56pm |
| SRC | Pass | 4:56pm |
| DET | Pass | 4:56pm |
| BAR | Pass | 4:56pm |
| BT | Pass | 4:56pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 4:56pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 4:56pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 4:56pm |
| CAL | Pass | 4:56pm |

Preventive Maintenance
Status: Pass

C Dale Farley
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location Wilson Co. Detention Ctr.

Instrument Serial No. 008627 100 E. Green St., Wilson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 13th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008627*
Test Date: *12/13/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Keesler, Linda A*
Permit Number: *0045-5468*
Effective:
*07/08/2019-07/08/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG911506
Exp Date: 04/25/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:20pm |
| AIR BLK | .00 | 1:21pm |
| ACCY CHK | .08 | 1:22pm |
| AIR BLK | .00 | 1:23pm |
| **SUB TEST** | **.00** | **1:24pm** |
| AIR BLK | .00 | 1:25pm |
| **SUB TEST** | **.00** | **1:26pm** |
| AIR BLK | .00 | 1:27pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008627* Test Record Number: *2454*
Test Date: *12/13/2019* Test Time: *1:28pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:28pm |
| FLO | Pass | 1:28pm |
| FC | Pass | 1:28pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:28pm |
| SRC | Pass | 1:28pm |
| DET | Pass | 1:28pm |
| BAR | Pass | 1:28pm |
| BT | Pass | 1:28pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:29pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:29pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:29pm |
| CAL | Pass | 1:29pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location Wilson Co. Detention Ctr.

Instrument Serial No. 008652 100 E. Green St., Wilson, N.C.

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 13th day of December, 2019, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

647
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008652*
Test Date: *12/13/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Male*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *Keesler, Linda A*
Permit Number: *0045-5468*
Effective:
*07/08/2019-07/08/2021*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG919901
Exp Date: 07/18/2021

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 1:24pm |
| AIR BLK | .00 | 1:24pm |
| ACCY CHK | .08 | 1:25pm |
| AIR BLK | .00 | 1:26pm |
| **SUB TEST** | **.00** | **1:27pm** |
| AIR BLK | .00 | 1:28pm |
| **SUB TEST** | **.00** | **1:30pm** |
| AIR BLK | .00 | 1:31pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*WILSON COUNTY DETENTION CENTER 970*

Serial Number: *008652* Test Record Number: *3379*
Test Date: *12/13/2019* Test Time: *1:32pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 1:32pm |
| FLO | Pass | 1:32pm |
| FC | Pass | 1:32pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 1:32pm |
| SRC | Pass | 1:32pm |
| DET | Pass | 1:32pm |
| BAR | Pass | 1:32pm |
| BT | Pass | 1:32pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 1:33pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 1:33pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 1:33pm |
| CAL | Pass | 1:33pm |

Preventive Maintenance
Status: Pass

Linda A. Neve
**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Yadkin Instrument Location Yadkin County Jail Yadkinville, NC

Instrument Serial No. 008854

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16th day of December 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

655
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008854*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG821801
Exp Date: 08/06/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:55pm |
| AIR BLK | .00 | 2:56pm |
| ACCY CHK | .08 | 2:57pm |
| AIR BLK | .00 | 2:58pm |
| **SUB TEST** | **.00** | **2:59pm** |
| AIR BLK | .00 | 3:00pm |
| **SUB TEST** | **.00** | **3:01pm** |
| AIR BLK | .00 | 3:02pm |

**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

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008854* Test Record Number: *651*
Test Date: *12/16/2019* Test Time: *3:04pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 3:04pm |
| FLO | Pass | 3:04pm |
| FC | Pass | 3:04pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 3:04pm |
| SRC | Pass | 3:04pm |
| DET | Pass | 3:04pm |
| BAR | Pass | 3:04pm |
| BT | Pass | 3:04pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 3:05pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 3:05pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 3:05pm |
| CAL | Pass | 3:05pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

# PREVENTIVE MAINTENANCE RECORD
# INTOXIMETERS, MODEL INTOX EC/IR II

County Yadkin Instrument Location Yadkin County Jail Yadkinville, NC

Instrument Serial No. 008944

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

**I certify that on the 16th day of December, 20 19, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.**

Signature of Certifying Official

655
Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

**Intox EC/IR-II: Subject Test**

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008944*
Test Date: *12/16/2019*

Citation Number: *M0000000-0*
Subject's Name:
*PREVENTIVE, MAINTENANCE*
Subject's Date of Birth: *11/11/1911*
Subject's Sex: *Female*
Driver's License State: *XX*
Driver's License Number: *NONE*

Analyst's Name: *FARLEY, CYNTHIA D*
Permit Number: *24123E*
Effective:
*11/01/2018-11/01/2020*

Officer's Name: *NONE, NONE*
Type of Agency: *FTA*
Agency: *DHHS*
Test Type: *Breath Test*

Lot Number: AG821401
Exp Date: 08/02/2020

| Test | g/210L | Time |
|---|---|---|
| DIAG | Pass | 2:26pm |
| AIR BLK | .00 | 2:27pm |
| ACCY CHK | .07 | 2:27pm |
| AIR BLK | .00 | 2:29pm |
| **SUB TEST** | **.00** | **2:30pm** |
| AIR BLK | .00 | 2:31pm |
| **SUB TEST** | **.00** | **2:33pm** |
| AIR BLK | .00 | 2:34pm |

**Reported AC: .00 g/210L**

Signature of Chemical Analyst

Court CVR

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**

# Intox EC/IR-II: Preventive Maintenance

*YADKIN COUNTY YADKIN CO JAIL 980*

Serial Number: *008944* Test Record Number: *1600*
Test Date: *12/16/2019* Test Time: *2:39pm EST*

System Check: *Passed*

Baseline Tests

| Test | Status | Time |
|---|---|---|
| IR | Pass | 2:39pm |
| FLO | Pass | 2:39pm |
| FC | Pass | 2:39pm |

Temperature Tests

| Test | Status | Time |
|---|---|---|
| FC1 | Pass | 2:39pm |
| SRC | Pass | 2:39pm |
| DET | Pass | 2:39pm |
| BAR | Pass | 2:39pm |
| BT | Pass | 2:39pm |

Blank Tests

| Test | Status | Time |
|---|---|---|
| AIR | Pass | 2:40pm |

Printer Tests

| Test | Status | Time |
|---|---|---|
| PRNT | Pass | 2:40pm |

CRC Tests

| Test | Status | Time |
|---|---|---|
| COMP | Pass | 2:40pm |
| CAL | Pass | 2:40pm |

Preventive Maintenance
Status: Pass

**Analyst**

**This form is used when performing Preventive Maintenance procedures**
**Forensic Tests for Alcohol Branch**
**Department of Health and Human Services**
**Rev. 12/2007**