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

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

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3

Serial Number: 008616
Test Date: 02/07/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

Test   g/210L  Time
DIAG   Pass   11:30pm
AIR BLK .00  11:31pm
ACCY CHK .08  11:31pm
AIR BLK .00  11:32pm
SUB TEST .00  11:33pm
AIR BLK .00  11:34pm
SUB TEST .00  11:35pm
AIR BLK .00  11:36pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616  Test Record Number: 172
Test Date: 02/07/2008  Test Time: 11:38pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
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<tr>
<td>FLO</td>
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<td>11:38pm</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>11:39pm</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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: BATMOBILE UNIT 3
Instrument Serial No.: 008647

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

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

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647
Test Date: 02/07/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

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

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647   Test Record Number: 180
Test Date: 02/07/2008   Test Time: 10:44pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND Instrument Location CUMBERLAND CO

Instrument Serial No. 008614 DETENTION CTR., FAYETTEVILLE NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 01 day of FEBRUARY, 2008, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614
Test Date: 02/01/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

Test g/210L Time
DIAG Pass 5:19pm
AIR BLK .000 5:19pm
ACCY CHK .080 5:20pm
AIR BLK .000 5:21pm
SUB TEST .000 5:21pm
AIR BLK .000 5:22pm
SUB TEST .000 5:24pm
AIR BLK .000 5:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy
Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614  Test Record Number: 195
Test Date: 02/01/2008  Test Time: 4:42pm EST

System Check: Passed

Baseline Tests

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<td>FLO</td>
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Temperature Tests

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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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</table>

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MEEKLEBURY
Instrument Location BAT MOBILE UNIT 3

Instrument Serial No. 028616

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

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

I certify that on the 07 day of FEB 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**MECKLENBURG COUNTY  BAT MOBILE UNIT 3**

Serial Number: 008616  
Test Date: 02/07/2008

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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:  
12/01/2007-12/01/2009

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

Lot Number: AG722601  
Expiry Date: 08/13/2009

<table>
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<td>ACCY CHK</td>
<td>.08</td>
<td>11:31pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst  
Court CVR

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3 590**

Serial Number: 008616  Test Record Number: 172  
Test Date: 02/07/2008  Test Time: 11:38pm EST

**System Check: Passed**

**Baseline Tests**

<table>
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<th>Status</th>
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<tbody>
<tr>
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**Temperature Tests**

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**Printer Tests**

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<tbody>
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**CRC Tests**

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**Preventive Maintenance**

Status: Pass

[Signature]

**Analyst**

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: N.C. - Alamance County
Instrument Location: N.C. - Alamance County

Instrument Serial No. 3617

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2005, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

NEW HANOVER COUNTY NEW HANOVER CO SD
640

Serial Number: 008617
Test Date: 02/29/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
12/01/2007-12/01/2009

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

Lot Number: A9722701
Exp Date: 08/14/2009

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<tr>
<td>ACCY CHK .08</td>
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</tr>
<tr>
<td>AIR BLK .00</td>
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<tr>
<td>AIR BLK .00</td>
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<td>SUB TEST .00</td>
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<tr>
<td>AIR BLK .00</td>
<td>4:09pm</td>
<td></td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

Baseline Tests

<table>
<thead>
<tr>
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<th>Status</th>
<th>Time</th>
</tr>
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<tr>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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

Preventive Maintenance Status: Pass

[Signature]

Analyst

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

County: __________ Instrument Location: __________

Instrument Serial No.: __________ Date: __________

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

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

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

Signature of Certifying Official: __________
Certificate Number: __________

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626
Test Date: 02/29/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 082598
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

<table>
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<th>Time</th>
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<td>DIAG</td>
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<tr>
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<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
<td>.00</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626       Test Record Number: 149
Test Date: 02/29/2008       Test Time: 4:42pm EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<tr>
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<td>4:43pm</td>
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<td>4:43pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<td>4:44pm</td>
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<tr>
<td>CAL</td>
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<td>4:44pm</td>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County 
Instrument Location

Instrument Serial No. 008632

DEPARTMENT OF
FAYETTEVILLE NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 01 day of FEBRUARY, 20__ the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632
Test Date: 02/01/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722801
Exp Date: 08/15/2009

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<thead>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:35pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:36pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:37pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:37pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:38pm</td>
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<td>SUB TEST</td>
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<td>3:40pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:41pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy
Intox BC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008632  Test Record Number: 51
Test Date: 02/01/2008  Test Time: 3:29pm EST

System Check: Passed

Baseline Tests

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<td>FLO</td>
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<td>3:29pm</td>
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<tr>
<td>FC</td>
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Temperature Tests

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<tbody>
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<tr>
<td>BAR</td>
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Blank Tests

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Printer Tests

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CRC Tests

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

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CUMBERLAND  Instrument Location CUMBERLAND Co.

Instrument Serial No. 008633  DETENTION MTR, FAYETTEVILLE NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 01 day of FEBRUARY, 2006 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008633
Test Date: 02/01/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test     g/210L    Time
DIAG     Pass     1:45pm
AIR BLK  .00      1:46pm
ACCY CHK .07      1:47pm
AIR BLK  .00      1:47pm
SUB TEST .00      1:48pm
AIR BLK  .00      1:49pm
SUB TEST .00      1:50pm
AIR BLK  .00      1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Analyst/Officer Copy
### Intox EC/IR-II: Preventive Maintenance

**CUMBERLAND COUNTY DETENTION CTR 250**

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**System Check: Passed**

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<td>1:09pm</td>
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<td>FC</td>
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#### Temperature Tests

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<tbody>
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#### Printer Tests

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<tr>
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<tbody>
<tr>
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#### CRC Tests

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

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: HUNTERVILLE  
Instrument Location: RALEIGH, NC

Instrument Serial No: 8N00863S  
Raleigh Ave, 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 __ day of __________, 20__, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number

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

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

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635  
Test Date: 02/06/2008

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

Analyst’s Name: QUARANTELO, NICHOLAS J  
Permit Number: 21536E  
Effective: 01/01/2008-01/01/2010

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

Lot Number: AG722503  
Exp Date: 08/12/2009

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<td>2:14pm</td>
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<tr>
<td>ACCY CHK</td>
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<td>2:14pm</td>
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<td>AIR BLK</td>
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<td>AIR BLK</td>
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Reported AC: 00 g/210L

Signature of Chemical Analyst: [Signature]

Court CVR

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

**Baseline Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
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<tbody>
<tr>
<td>IR</td>
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</tr>
<tr>
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<td>Pass</td>
<td>2:04pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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**Temperature Tests**

<table>
<thead>
<tr>
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<tr>
<td>DET</td>
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**Printer Tests**

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**CRC Tests**

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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:05pm</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

**Status:** Pass

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

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

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

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

I certify that on the 21st day of February, 2008, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

**LENOIR COUNTY LENOIR CO SO 530**

Serial Number: 008639  
Test Date: 02/29/2008

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722602  
Exp Date: 08/13/2009

<table>
<thead>
<tr>
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<tr>
<td>DIAG Pass</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:27am</td>
</tr>
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<td>ACCY CHK</td>
<td>.07</td>
<td>10:27am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:28am</td>
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<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>AIR BLK</td>
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<td>10:32am</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

**Analyst**

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

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639  Test Record Number: 165
Test Date: 02/29/2008  Test Time: 10:33am EST

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
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</table>

**Preventive Maintenance Status: Pass**

[Signature]

Analyst

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 6th day of February, 20__, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

PITT PITT CO DETENTION 730

Serial Number: 008646
Test Date: 02/08/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test        g/210L  Time
DIAG        Pass    1:51pm
AIR BLK     .00     1:52pm
ACCY CHK    .07     1:52pm
AIR BLK     .00     1:53pm
SUB TEST    .00     1:54pm
AIR BLK     .00     1:55pm
SUB TEST    .00     1:56pm
AIR BLK     .00     1:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

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

PITT PITT CO DETENTION 730

Serial Number: 008646      Test Record Number: 75
Test Date: 02/08/2008      Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
<td>SRC</td>
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</tr>
<tr>
<td>DBT</td>
<td>Pass</td>
<td>1:59pm</td>
</tr>
<tr>
<td>BAR</td>
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<td>1:59pm</td>
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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Pitt
Instrument Location Pitt Co. Detention Center
Instrument Serial No. 008646
121 Detention Dr., Greenville, NC

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

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

I certify that on the 8th day of February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

PITT PITT CO DETENTION 730

Serial Number: 008646
Test Date: 02/08/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

<table>
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<tr>
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<td>1:52pm</td>
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<tr>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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<td>1:55pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PITT PITT CO DETENTION 730

Serial Number: 008646    Test Record Number: 75
Test Date: 02/08/2008   Test Time: 1:58pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 07 day of FEB, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 648

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

**MECKLENBURG COUNTY BAT MOBILE UNIT 3**

590

Serial Number: 008647  
Test Date: 02/07/2008

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

Analyt's Name: BARNES, ALVIN R  
Permit Number: 15671E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722602  
Exp Date: 08/13/2009

<table>
<thead>
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<tbody>
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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<td>10:42pm</td>
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Reported AC: .00 g/210L

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Signature of Chemical Analyst

Court CVR

---

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647    Test Record Number: 180
Test Date: 02/07/2008    Test Time: 10:44pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
<tr>
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Printer Tests

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<tbody>
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CRC Tests

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

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 06 day of FEBRUARY, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656
Test Date: 02/06/2008

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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

Signature of Chemical Analyst

DMV

[Signature]

Analyst

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

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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

Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County NEW HANOVER Instrument Location C A L O R I N A  B E A C H

Instrument Serial No. 8601 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 29 day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

NEW HANOVER COUNTY CAROLINA BEACH PD
640

Serial Number: 008661
Test Date: 02/29/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test g/210L Time

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

[Signature]
Signature of Chemical Analyst

Court CVR

[Signature]
Analyst

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661    Test Record Number: 190
Test Date: 02/29/2008    Test Time: 1:35pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

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

I certify that on the 8th day of February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

PITT PITT CO DETENTION 730

Serial Number: 008662
Test Date: 02/08/2008

Citation Number: M0000000-0

Subject's Name:
PREVENTIVE, MAINTENANCE

Subject'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: 12/01/2007-12/01/2009

Officer's Name: GUARD, KELLY G

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test g/210L Time
DIAG Pass 12:57pm
AIR BLK .00 12:57pm
ACCY CHK .08 12:58pm
AIR BLK .00 12:59pm
SUB TEST .00 1:00pm
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

PITT PITT CO DETENTION 730

Serial Number: 008662    Test Record Number: 196
Test Date: 02/08/2008    Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County               Instrument Location
Pitt                        Ayden Police Dept.

Instrument Serial No.       Instrument Location
008666                 4144 West Ave, Ayden, N.C 28513

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 8th day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

PITT AYDEN PD 730

Serial Number: 008666
Test Date: 02/08/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test g/210L Time
DIAG Pass 3:51pm
AIR BLK .00 3:52pm
ACCY CHK .08 3:53pm
AIR BLK .00 3:53pm
SUB TEST .00 3:54pm
AIR BLK .00 3:55pm
SUB TEST .00 3:56pm
AIR BLK .00 3:57pm

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

[Signature of Analyst]

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

PITT AYDEN PD 730

Serial Number: 008666    Test Record Number: 177
Test Date: 02/08/2008    Test Time: 3:59pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

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

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

Signature of Certifying Official

Certificate Number

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD

Serial Number: 008667
Test Date: 02/29/2008

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

Test g/210L Time
DIAG Pass 9:30am
AIR BLK .00 9:30am
ACCY CHK .08 9:31am
AIR BLK .00 9:32am
SUB TEST .00 9:32am
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

This form is used when 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: 65  
Test Date: 02/29/2008  
Test Time: 9:37am EST

System Check: Passed

**Baseline Tests**

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**Temperature Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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

Preventive Maintenance

Status: Pass

---

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

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

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

I certify that on the 8th day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

PITT PITT CO DETENTION 730

Serial Number: 008668
Test Date: 02/08/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

Test g/210L Time

DIAG Pass 12:59pm
AIR BLK .00 1:00pm
ACCY CHK .08 1:00pm
AIR BLK .00 1:01pm
SUB TEST .00 1:02pm
AIR BLK .00 1:03pm
SUB TEST .00 1:04pm
AIR BLK .00 1:05pm

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

Serial Number: 008668     Test Record Number: 158
Test Date: 02/08/2008     Test Time: 1:08pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wayne
Instrument Location: Wayne Co. Comm. Center

Instrument Serial No.: 008671
134 N. John St., Goldsboro, NC

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

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

I certify that on the 22nd day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: Kelly M. Strand
Certificate Number: 2193

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

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008671
Test Date: 02/22/2008

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

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722801
Exp Date: 08/15/2009

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<td>10:50am</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:51am</td>
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<td>AIR BLK</td>
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<td>10:51am</td>
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<td>SUB TEST</td>
<td>.00</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008671   Test Record Number: 259
Test Date: 02/22/2008   Test Time: 10:57am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

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

I certify that on the 01 day of FEBRUARY, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672
Test Date: 02/01/2008

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

Analyst's Name: Russell, Larry H
Permit Number: 06108E
Effective: 10/01/2007-10/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test   g/210L    Time
DIAG   Pass      5:01pm
AIR BLK .00     5:01pm
ACCY CHK .08    5:02pm
AIR BLK .00     5:03pm
SUB TEST .00    5:03pm
AIR BLK .00     5:04pm
SUB TEST .00    5:06pm
AIR BLK .00     5:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy
Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672    Test Record Number: 209
Test Date: 02/01/2008    Test Time: 4:53pm EST

System Check: Passed

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CRC Tests

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Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg            Instrument Location Mecklenburg Co. SD
Instrument Serial No. 008690    801 E. 4th St., Charlotte
                                704-353-0180

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program, and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Boffey D. Willis

Certificate Number

557

A signed original of 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 SD

Serial Number: 008690
Test Date: 02/01/2008

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

Test g/210L Time
DIAG Pass 10:34am
AIR BLK .00 10:35am
ACCY CHK .08 10:36am
ATR BLK .00 10:36am
SUB TEST .00 10:36am
AIR BLK .00 10:39am
SUB TEST .00 10:39am
AIR BLK .00 10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008690
Test Date: 02/01/2008

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

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723301
Exp Date: 08/20/2009

Test g/210L Time
DIAG Pass 10:34am
AIR BLK .00 10:35am
ACCY CHK .08 10:35am
ATR BLK .00 10:36am
SUB TEST .00 10:36am
AIR BLK .00 10:39am
SUB TEST .00 10:39am
AIR BLK .00 10:40am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CR

This form is used when 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 SD

Serial Number: 008690    Test Record Number: 45
Test Date: 02/01/2008    Test Time: 10:41am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Mecklenburg  Instrument Location: Mecklenburg County SD

Instrument Serial No. 008691  801 East 4th Street, Charlotte

704-353-0180

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official

Certificate Number

A signed original of 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 SD

Serial Number: 008691
Test Date: 02/01/2008

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<td>10:24am</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:26am</td>
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<tr>
<td>AIR BLK</td>
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<td>10:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Intox EC/IR-II: Subject Test

MECKLENBURG COUNTY SD

Serial Number: 008691
Test Date: 02/01/2008

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

<table>
<thead>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:24am</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>10:25am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>10:26am</td>
</tr>
<tr>
<td>AIR BLK</td>
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<td>10:29am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:30am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CR

This form is used when 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 SD**

Serial Number: 008691    Test Record Number: 44
Test Date: 02/01/2008    Test Time: 10:34am EST

System Check: Passed

Baseline Tests

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<tr>
<th>Test</th>
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<tr>
<td>IR</td>
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<tr>
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<td>Pass</td>
<td>10:35am</td>
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<tr>
<td>FC</td>
<td>Pass</td>
<td>10:35am</td>
</tr>
</tbody>
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Temperature Tests

<table>
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<tr>
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<tbody>
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<td>10:35am</td>
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<td>10:35am</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
<td>10:35am</td>
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Blank Tests

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<tr>
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Printer Tests

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<tr>
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CRC Tests

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<td>CAL</td>
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Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Cornelius PD

Instrument Serial No. 008692 21440 Catawba Ave, Cornelius
704-892-1363

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 557

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

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

CORNELIUS PD

Serial Number: 008692
Test Date: 02/01/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1991
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:14pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:15pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:16pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>3:17pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:18pm</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst: Bobby D. Willis

Court CVR

Intox EC/IR-II: Subject Test

CORNELIUS PD

Serial Number: 008692
Test Date: 02/01/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1991
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D
Permit Number: 08010E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

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

Signature of Chemical Analyst: Bobby D. Willis

Court CR

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

CORNELIUS PD

Serial Number: 008692    Test Record Number: 44
Test Date: 02/01/2008    Test Time: 3:21pm EST

System Check: Passed

Baseline Tests

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<td>3:21pm</td>
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<td>FC</td>
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<td>3:22pm</td>
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Temperature Tests

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<th>Time</th>
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<tbody>
<tr>
<td>FC1</td>
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<td>SRC</td>
<td>Pass</td>
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<td>3:22pm</td>
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<tr>
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<td>Pass</td>
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Blank Tests

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<tr>
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<tbody>
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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>3:22pm</td>
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Preventive Maintenance
Status: Pass

[Signature]

D. Willis
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  HALIFAX  Instrument Location  HALIFAX CO. SHERIFF'S DEPT.

Instrument Serial No.  008695  FERRELL LN.  HALIFAX, 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  FEBRUARY  , 2008  the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695
Test Date: 02/06/2008

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

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722503
Exp Date: 08/12/2009

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:34pm</td>
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<tr>
<td>ACCY CHK</td>
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<td>.00</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Record Number: 40
Test Date: 02/06/2008 Test Time: 4:29 pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:31 pm</td>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Mecklenburg  Instrument Location: Mecklenburg Co. SD
Instrument Serial No.: 008703  801 E 4th St., Charlotte  704-353-0180

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

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

I certify that on the ___ day of February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

**MECKLENBURG COUNTY SD**

Serial Number: 008703  
Test Date: 02/01/2008

Citation Number: M00000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501  
Exp Date: 08/12/2009

<table>
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</tr>
<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>9:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>9:49am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>9:50am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>9:51am</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>0.00</td>
<td>9:52am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>9:53am</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst: Botley D. Willis

Court CVR

---

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

**MECKLENBURG COUNTY SD**

Serial Number: 008703  
Test Date: 02/01/2008

Citation Number: M00000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject's Date of Birth: 11/11/1911  
Subject's Sex: Male  
Driver's License State: XX  
Driver's License Number: NONE

Analyst's Name: WILLIS, BOBBY D  
Permit Number: 08010E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501  
Exp Date: 08/12/2009

<table>
<thead>
<tr>
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<td>DIAG</td>
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<tr>
<td>ACCY CHK</td>
<td>0.08</td>
<td>9:48am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>0.00</td>
<td>9:49am</td>
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<tr>
<td>SUB TEST</td>
<td>0.00</td>
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<td>AIR BLK</td>
<td>0.00</td>
<td>9:53am</td>
</tr>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst: Botley D. Willis

Court CR

---

This form is used when 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 SD**

Serial Number: 008703    Test Record Number: 42
Test Date: 02/01/2008    Test Time: 9:55am EST

System Check: *Passed*

### Baseline Tests

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</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>9:55am</td>
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### Temperature Tests

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<td>DET</td>
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<td>BT</td>
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<td>9:55am</td>
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### CRC Tests

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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:56am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: *Pass*

[Signature: D. Willis]

**Analyst**

---

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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 BATMOBILE UNIT 3

Instrument Serial No. 008707 CHARLOTTE, NC

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

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

I certify that on the 07 day of FEB, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008707
Test Date: 02/07/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test   g/210L   Time
DIAG   Pass   10:16pm
AIR BLK .00   10:17pm
ACCY CHK .08   10:18pm
AIR BLK .00   10:19pm
SUB TEST .00   10:19pm
AIR BLK .00   10:20pm
SUB TEST .00   10:22pm
AIR BLK .00   10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

MECKLEBUNG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707  Test Record Number: 43  
Test Date: 02/07/2008  Test Time: 10:24pm EST

System Check: Passed

## Baseline Tests

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<td>10:24pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
<td>10:24pm</td>
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## Temperature Tests

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<tr>
<td>FCl</td>
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<tr>
<td>SRC</td>
<td>Pass</td>
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<tr>
<td>DET</td>
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<tr>
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<td>10:25pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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## Blank Tests

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<td>Pass</td>
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## Printer Tests

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## CRC Tests

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</thead>
<tbody>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:25pm</td>
</tr>
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</table>

Preventive Maintenance
Status: Pass

[Signature]

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County       Montgomery       Instrument Location   Montgomery Co. Courthouse

Instrument Serial No. 008709  Troy, 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 26 day of February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008709
Test Date: 02/26/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test g/210L Time
DIGA Pass 6:13pm
AIR BLK .00 6:14pm
ACY CHK .08 6:15pm
AIR BLK .00 6:15pm
SUB TEST .00 6:16pm
AIR BLK .00 6:17pm
SUB TEST .00 6:19pm
AIR BLK .00 6:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when 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 TROY COURT HOUSE 610

Serial Number: 008709    Test Record Number: 38
Test Date: 02/26/2008   Test Time: 6:22pm EST

System Check: Passed

Baseline Tests

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<td>6:22pm</td>
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<tr>
<td>FC</td>
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<td>6:22pm</td>
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Temperature Tests

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<tbody>
<tr>
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<td>6:22pm</td>
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<td>BT</td>
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<td>6:22pm</td>
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Blank Tests

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Printer Tests

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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County MOORE Instrument Location PINEHURST POLICE

Instrument Serial No. 008710 Dept., PINEHURST, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of FEBRUARY, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**MOORE PINEHURST PD. 620**

Serial Number: 008710  
Test Date: 02/22/2008  

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

Analyst's Name: RUSSELL, LARRY H  
Permit Number: 06108E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG723401  
Exp Date: 08/21/2009

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<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:43am</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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**Reported AC:** .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

MOORE PINEHURST PD. 620

Serial Number: 008710    Test Record Number: 67  
Test Date: 02/22/2008    Test Time: 11:49am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
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Blank Tests

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Printer Tests

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<tbody>
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CRC Tests

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<tbody>
<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:50am</td>
</tr>
</tbody>
</table>

Preventive Maintenance

Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County
MOORE

Instrument Location
SOUTHERN PINES

Instrument Serial No.
008720

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22 day of FEBRUARY, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720
Test Date: 02/22/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test   g/210L   Time

DIAG    Pass   9:19am
AIR BLK .00   9:19am
ACCY CHK .08   9:20am
AIR BLK .00   9:21am
SUB TEST .00   9:21am
AIR BLK .00   9:22am
SUB TEST .00   9:24am
AIR BLK .00   9:24am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

(Handwritten signature)

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

MOORE SOUTHERN PINES PD. 620

Serial Number: 008720    Test Record Number: 40
Test Date: 02/22/2008    Test Time: 9:28am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  MONTGOMERY  Instrument Location  MONTGOMERY Co.

Instrument Serial No.  008721  COURTHOUSE, 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  26 day of  FEBRUARY  , 2008  the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number  371

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

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721
Test Date: 02/26/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test                  g/210L    Time
DIAG                  Pass       6:52pm
AIR BLK                .00       6:53pm
ACCY CHK               .08       6:53pm
AIR BLK                .00       6:54pm
SUB TEST               .00       6:54pm
AIR BLK                .00       6:56pm
SUB TEST               .00       6:57pm
AIR BLK                .00       6:58pm

Reported AC:          .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

MONTGOMERY TROY COURT HOUSE 610

Serial Number: 008721   Test Record Number: 55
Test Date: 02/26/2008   Test Time: 6:59pm EST

System Check: Passed

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: MOORE
Instrument Location: ROBBINS POLICE

Instrument Serial No.: 008728
Dept.: ROBBINS NC

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

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

I certify that on the 22 day of FEBRUARY, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

MOORE ROBBINS PD 620

Serial Number: 008728
Test Date: 02/22/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test g/210L Time

DIAG Pass 5:03pm
AIR BLK .00 5:03pm
ACCY CHK .08 5:04pm
AIR BLK .00 5:05pm
SUB TEST .00 5:06pm
AIR BLK .00 5:07pm
SUB TEST .00 5:08pm
AIR BLK .00 5:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

**MOORE ROBBINS PD 620**

Serial Number: 008728  Test Record Number: 52  
Test Date: 02/22/2008  Test Time: 5:10pm EST

System Check: Passed

## Baseline Tests

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## Temperature Tests

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## Printer Tests

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## CRC Tests

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## Preventive Maintenance

Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Moore  Instrument Location: Moore Co. Jail

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 22 day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 371

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

MOORE COUNTY JAIL 620

Serial Number: 008735
Test Date: 02/22/2008

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

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

Test g/210L Time

DIAG Pass 3:02pm
AIR BLK .00 3:02pm
ACCY CHK .07 3:03pm
AIR BLK .00 3:03pm
SUB TEST .00 3:04pm
AIR BLK .00 3:05pm
SUB TEST .00 3:06pm
AIR BLK .00 3:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

MOORE MOORE COUNTY JAIL 620

Serial Number: 008735    Test Record Number: 53
Test Date: 02/22/2008    Test Time: 3:08pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 10th day of February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008583
Test Date: 02/13/2008

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722601-30
Exp Date: 08/13/2009

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583  Test Record Number: 249
Test Date: 02/13/2008  Test Time: 3:39pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Printer Tests

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Preventive Maintenance

Status: Pass

[Signature]

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Stokes Instrument Location Stokes Co Jan

Instrument Serial No. 008596

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 632

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

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

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596
Test Date: 02/20/2008

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722601-11
Exp Date: 08/13/2009

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<tr>
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<tbody>
<tr>
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<tr>
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<td>1:19pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:20pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:20pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<td>1:25pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**STOKES COUNTY STOKES COUNTY JAIL 840**

Serial Number: 008596    Test Record Number: 261  
Test Date: 02/20/2008    Test Time: 1:26pm EST

System Check: Passed

**Baseline Tests**

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<td>1:26pm</td>
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<td>FC</td>
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**Temperature Tests**

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

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<tr>
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**Printer Tests**

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<tbody>
<tr>
<td>PRNT</td>
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**CRC Tests**

<table>
<thead>
<tr>
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<tr>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:27pm</td>
</tr>
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</table>

**Preventive Maintenance**

Status: Pass

---

**Analyst**

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number
Intox EC/IR-II: Preventive Maintenance

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614   Test Record Number: 203
Test Date: 02/06/2008   Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

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<tr>
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Temperature Tests

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<tr>
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<tbody>
<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County __LENOIR__ Instrument Location __KINGSTON PD__

Instrument Serial No. __008624__ 205 E. KING ST, KINGSTON, N.C.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27th day of February, 20__ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number __457__

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

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624  
Test Date: 02/29/2008

Citation Number: N5000000-5
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

Test     g/210L     Time

  DIAG     Pass     11:49am
  AIR BLK  .00     11:50am
  ACCY CHK .08     11:51am
  AIR BLK  .00     11:52am
  SUB TEST .00     11:52am
  AIR BLK  .00     11:53am
  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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624  Test Record Number: 171
Test Date: 02/29/2008  Test Time: 11:58am EST

System Check: Passed

Baseline Tests

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

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<td>SRC</td>
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<td>DET</td>
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<tr>
<td>BAR</td>
<td>Pass</td>
<td>11:59am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

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<tr>
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Printer Tests

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<tr>
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CRC Tests

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<tr>
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Preventive Maintenance Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS. MODEL INTOX EC/IR II

County WAYNE Instrument Location WAYNE CO. COMM. CENTER

Instrument Serial No. D08C-19 134 N. TOMP ST., goldsboro, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 22nd day of February, 20__ the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008649
Test Date: 02/22/2008

Citation Number: M0066602
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: NC
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722602
Exp Date: 08/13/2009

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

Signature of Chemical Analyst

Court CVR

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

WAYNE COUNTY WAYNE CO COMM CENTER 950

Serial Number: 008649    Test Record Number: 245
Test Date: 02/22/2008     Test Time: 10:57am EST

System Check: Passed

Baseline Tests

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

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

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Printer Tests

<table>
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CRC Tests

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

Preventive Maintenance

Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

FORSYTH COUNTY KERNERSVILLE PD 330
Serial Number: 008650
Test Date: 02/13/2008
Citation Number: M0000000-0
Subject's Name: 

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 
12/01/2007-12/01/2009

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

Lot Number: AG722501-07
Exp Date: 08/12/2009

Test g/210L Time
DIAG Pass 12:15pm
AIR BLK .00 12:15pm
ACCY CHK .07 12:16pm
AIR BLK .00 12:17pm
SUB TEST .00 12:17pm
AIR BLK .00 12:18pm
SUB TEST .00 12:20pm
AIR BLK .00 12:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**FORSYTH COUNTY KERNERSVILLE PD 330**  
Serial Number: 008650  
Test Record Number: 139  
Test Date: 02/13/2008  
Test Time: 12:22pm EST  
System Check: Passed

#### Baseline Tests

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<tr>
<td>FLO</td>
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<td>12:22pm</td>
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<tr>
<td>FC</td>
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#### Temperature Tests

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

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#### Printer Tests

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#### CRC Tests

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

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Forsyth
Instrument Location Forsyth C Detention

Instrument Serial No. 008659

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008659
Test Date: 02/13/2008

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722602-26
Exp Date: 08/13/2009

Test         g/210L  Time

DIAG         Pass    3:52pm
AIR BLK .00   3:53pm
ACCY CHK .07  3:54pm
AIR BLK .00   3:55pm
SUB TEST .00  3:55pm
AIR BLK .00   3:56pm
SUB TEST .00  3:58pm
AIR BLK .00   3:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

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

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008659    Test Record Number: 156
Test Date: 02/13/2008    Test Time: 4:02pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:03pm</td>
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Preventive Maintenance Status: Pass

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Forsyth Instrument Location Forsyth Co Detention

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 ___ day of ____________, 20___ the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

FORSYTH COUNTY FORSYTH CO DETENTION
330

Serial Number: 008660
Test Date: 02/13/2008

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

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722601-21
Exp Date: 08/13/2009

Test g/210L Time
DIAG Pass 3:08pm
AIR BLK .00 3:09pm
ACCY CHK .08 3:09pm
AIR BLK .00 3:10pm
SUB TEST .00 3:11pm
AIR BLK .00 3:12pm
SUB TEST .00 3:13pm
AIR BLK .00 3:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660   Test Record Number: 160
Test Date: 02/13/2008   Test Time: 3:17pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

704-847-4069

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 1st day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

MATTHEWS PD

Serial Number: 008699
Test Date: 02/01/2008

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

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<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:28pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<td>3:29pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst/Officer Copy

Intox EC/IR-II: Subject Test

MATTHEWS PD

Serial Number: 008699
Test Date: 02/01/2008

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722501
Exp Date: 08/12/2009

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<td>3:29pm</td>
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<td>3:29pm</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Analyst

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

MATTHEWS PD

Serial Number: 008699    Test Record Number: 37
Test Date: 02/01/2008    Test Time: 3:35pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Matthews PD

Instrument Serial No. 008699 1201 Crews Road, Matthews
704-847-4069

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 5th day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature 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

MATTHEWS PD

Serial Number: 008699
Test Date: 02/05/2008

Citation Number: MO400000-6
Subject's Name: PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722802
Exp Date: 08/15/2009

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<tr>
<td>AIR BLK</td>
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<td>ACCY CHK</td>
<td>.07</td>
<td>12:01pm</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst
DMV

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

Signature of Chemical Analyst
Defendant's Copy

Analyst
Intox EC/IR-II: Preventive Maintenance

MATTHEWS PD

Serial Number: 008699    Test Record Number: 55
Test Date: 02/05/2008    Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Status</th>
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Blank Tests

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<td>12:09pm</td>
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</table>

Printer Tests

<table>
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<tbody>
<tr>
<td>PRNT</td>
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CRC Tests

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<tr>
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<tbody>
<tr>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:09pm</td>
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</table>

Preventive Maintenance
Status: Pass

Analyst

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

County: Stokes
Instrument Location: King P.D.
Instrument Serial No.: 008610

King, 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 February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

STOKES COUNTY KING PD 840

Serial Number: 008610
Test Date: 02/20/2008

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

Analyst's Name: DEAN, LARRY K
Permit Number: 11598E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722801-19
Exp Date: 08/15/2009

Test   g/210L  Time
       
DIAG Pass  4:27pm
AIR BLK .00  4:27pm
ACCY CHK .07  4:28pm
AIR BLK .00  4:29pm
SUB TEST .00  4:29pm
AIR BLK .00  4:30pm
SUB TEST .00  4:32pm
AIR BLK .00  4:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

STOKES COUNTY KING PD 840

Serial Number: 008610    Test Record Number: 243
Test Date: 02/20/2008    Test Time: 4:34pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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

Preventive Maintenance
Status: Pass

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

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 8727 Payson City, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727
Test Date: 02/28/2008

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG7220702
Exp Date: 08/14/2009

Test g/210L Time

DIAG  Pass  12:31pm
AIR BLK  .00  12:32pm
ACCY CHK  .07  12:33pm
AIR BLK  .00  12:33pm
SUB TEST  .00  12:34pm
AIR BLK  .00  12:35pm
SUB TEST  .00  12:36pm
AIR BLK  .00  12:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

________________________________________
Analyst

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

**SWAIN COUNTY SWAIN COUNTY JAIL 860**

Serial Number: 008727    Test Record Number: 52  
Test Date: 02/28/2008    Test Time: 12:38pm EST

System Check: Passed

**Baseline Tests**

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**Blank Tests**

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**Printer Tests**

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**CRC Tests**

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</table>

Preventive Maintenance Status: Pass

![Signature]

**Analyst**

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

SWAIN COUNTY  SWAIN COUNTY JAIL 860

Serial Number: 008723
Test Date: 02/28/2008

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test g/210L Time

DIAG Pass 12:30pm
AIR BLK .00 12:30pm
ACCY CHK .08 12:31pm
AIR BLK .00 12:32pm
SUB TEST .00 12:32pm
AIR BLK .00 12:33pm
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**

**SWAIN COUNTY SWAIN COUNTY JAIL 860**

Serial Number: 008723  Test Record Number: 56
Test Date: 02/28/2008  Test Time: 12:36pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

[Signature]

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County                Jackson
Instrument Location   Jackson Co. Jail

Instrument Serial No. 004722             Sylva, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 26 day of February, 2008, the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number] 635

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

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722
Test Date: 02/26/2008

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test g/210L Time

DIAG Pass 1:23pm
AIR BLK .00 1:23pm
ACCY CHK .08 1:24pm
AIR BLK .00 1:25pm
SUB TEST .00 1:25pm
AIR BLK .00 1:26pm
SUB TEST .00 1:28pm
AIR BLK .00 1:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

JACKSON COUNTY JAIL 490

Serial Number: 008722    Test Record Number: 40
Test Date: 02/26/2008    Test Time: 1:32pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>BAR</td>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 27 day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]  [Certificate Number]  

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

**HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430**

- **Serial Number:** 008714  
- **Test Date:** 02/27/2008

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

- **Subject's Date of Birth:** 11/11/1911  
- **Subject's Sex:** Male

- **Driver's License State:** NC  
- **Driver's License Number:** NONE

- **Analyst's Name:** CUTLER, DANIEL R  
- **Permit Number:** 08457E  
- **Effective:** 12/01/2007-12/01/2009

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

- **Test Type:** Breath Test

- **Lot Number:** AG722702  
- **Exp Date:** 08/14/2009

### Test Results

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
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<td>1:24pm</td>
</tr>
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**Reported AC:** .00 g/210L

### Signature of Chemical Analyst

**Court CVR**

---

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

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714    Test Record Number: 47
Test Date: 02/27/2008    Test Time: 1:30pm EST

System Check: Passed

Baseline Tests

<table>
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<tr>
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<tbody>
<tr>
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<tr>
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<td>1:30pm</td>
</tr>
<tr>
<td>FC</td>
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Temperature Tests

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<tr>
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<tbody>
<tr>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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. 8712 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 27 day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
Certificate Number

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

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

HAYWOOD COUNTY  HAYWOOD COUNTY  JAIL 430

Serial Number: 008712  
Test Date: 02/27/2008

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

Analyst's Name: CUTLER, DANIEL R  
Permit Number: 08457E  
Effective:  
12/01/2007-12/01/2009

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

Lot Number: AG722702  
Exp Date: 08/14/2009

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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:52pm</td>
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<tr>
<td>ACCY CHK</td>
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<td>12:52pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

*HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430*

Serial Number: 008712  Test Record Number: 51  
Test Date: 02/27/2008  Test Time: 12:59pm EST

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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**Printer Tests**

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**CRC Tests**

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
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**Preventive Maintenance**

Status: Pass

---

*This form is used when performing Preventive Maintenance procedures*

*Forensic Tests for Alcohol Branch*

*Department of Health and Human Services*

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Swain
Instrument Location: Cherokee P.O.

Instrument Serial No: 008708
Cherokee, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]
635

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

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

SWAIN COUNTY CHEROKEE POLICE DEPT 850

Serial Number: 008708
Test Date: 02/28/2008

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

Test g/210L Time

DIAG Pass 3:23pm
AIR BLK .00 3:23pm
ACCY CHK .08 3:24pm
AIR BLK .00 3:24pm
SUB TEST .00 3:25pm
AIR BLK .00 3:26pm
SUB TEST .00 3:27pm
AIR BLK .00 3:28pm

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**

SWAIN COUNTY CHEROKEE POLICE DEPT 860

Serial Number: 008708   Test Record Number: 38  
Test Date: 02/28/2008   Test Time: 3:29pm EST

**System Check: Passed**

**Baseline Tests**

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

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**Printer Tests**

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**CRC Tests**

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

---

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Jackson  
Instrument Location: Jackson Co. Jail  

Instrument Serial No.: 008606  
Sylva, NC  

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

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

I certify that on the 26 day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.  

Signature of Certifying Official: [Signature]  
Certificate Number: [Number]  

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

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

JACKSON COUNTY JAIL 490

Serial Number: 008606
Test Date: 02/26/2008

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:30pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:31pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:32pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:33pm</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008606 Test Record Number: 52
Test Date: 02/26/2008 Test Time: 1:38pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

County ___________________________ Instrument Location ___________________________

Instrument Serial No. ___________________________

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

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

Signature of Certifying Official ___________________________
Certificate Number ___________________________

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

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

MECKLENBURG COUNTY  BAT MOBILE UNIT 3

Serial Number: 008616
Test Date: 02/07/2008

Citation Number: M0000000-0
Subject's Name: 
PREVENTIVE, MAINTENANCE
Subject'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: 12/01/2007-12/01/2009

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

Lot Number: AG722601
Exp Date: 08/13/2009

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<td>ACCY CHK .08</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

MECKLENBURG COUNTY  BAT MOBILE UNIT 3 590

Serial Number: 008616  Test Record Number: 172  
Test Date: 02/07/2008  Test Time: 11:38pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>FC1</td>
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Blank Tests

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

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CRC Tests

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</tr>
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</table>

Preventive Maintenance

Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Mitchell  Instrument Location: Space One P.O.
Instrument Serial No.: 006726  Space Pre 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 26 day of February, 2008, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726
Test Date: 02/26/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
  12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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    8:25pm
  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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726   Test Record Number: 40
Test Date: 02/26/2008   Test Time: 8:29pm EST

System Check: Passed

Baseline Tests

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<tr>
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<tr>
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Temperature Tests

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<tr>
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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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

Analyst

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

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

I certify that on the 22 day of February, 2007, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

avery county banner elk pd 050

Serial Number: 008724
Test Date: 02/22/2008

Citation Number: M0000000-0
Subject's Name:
Preventive, Maintenance
Subject'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:
12/01/2007-12/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:24pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>4:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>4:26pm</td>
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<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**AVERY COUNTY BANNER ELK PD 050**

Serial Number: 008724  Test Record Number: 45  
Test Date: 02/22/2008  Test Time: 4:29pm EST

**System Check: Passed**

**Baseline Tests**

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<td>4:29pm</td>
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<td>FC</td>
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**Temperature Tests**

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

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**Printer Tests**

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**CRC Tests**

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<td>COMP</td>
<td>Pass</td>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:30pm</td>
</tr>
</tbody>
</table>

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

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Avery  Instrument Location Avery Co. Jail

Instrument Serial No. 008664 Newland, NC

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

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

I certify that on the 28 day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 644

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

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664
Test Date: 02/22/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2007-10/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

<table>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>2:55pm</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>SUB TEST</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664  Test Record Number: 45
Test Date: 02/22/2008  Test Time: 3:01pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tr>
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Printer Tests

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CRC Tests

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<tr>
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Preventive Maintenance
Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: [Redacted]  Instrument Location: [Redacted]

Instrument Serial No. 008716  Boone, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29 day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  Certificate Number

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

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716
Test Date: 02/29/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2007-10/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

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

Signature of Chemical Analyst

Court CVR

---

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

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008716    Test Record Number: 36
Test Date: 02/29/2008    Test Time: 6:46pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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

Preventive Maintenance
Status: Pass

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Watauga  Instrument Location: Watauga Co. Jail

Instrument Serial No. 006715  Boone, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 29 day of February, 2008 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 649

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

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

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715
Test Date: 02/29/2008

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2007-10/01/2009

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

Lot Number: AG722702
Exp Date: 08/14/2009

<table>
<thead>
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<th>Time</th>
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<tbody>
<tr>
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<tr>
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<td>.08</td>
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<td>AIR BLK</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**WATAUGA COUNTY WATAUGA JAIL 940**

Serial Number: 008715  
Test Record Number: 48  
Test Date: 02/29/2008  
Test Time: 6:47pm EST

**System Check: Passed**

#### Baseline Tests

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#### Temperature Tests

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#### Printer Tests

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#### CRC Tests

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

**Preventive Maintenance**

Status: Pass

---

**Analyst**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Mecklenburg Instrument Location Mecklenburg County SD
Instrument Serial No. 008665 801 East 4th Street, Charlotte 704-353-0180

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

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

I certify that on the 1st day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test
MECKLENBURG COUNTY SD
Serial Number: 008665
Intox EC/IR-II: Subject Test
MECKLENBURG COUNTY SD
Serial Number: 008665
Test Date: 02/01/2008

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG721702
Exp Date: 08/14/2009

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<td>Pass</td>
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<tr>
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<td>.00</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>12:25pm</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

MECKLENBURG COUNTY SD

Serial Number: 008665  Test Record Number: 121
Test Date: 02/01/2008  Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>12:21pm</td>
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</tbody>
</table>

Preventive Maintenance Status: Pass

*Analyst*

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Mecklenburg  Instrument Location: Mecklenburg County, SD
Instrument Serial No.: 008665  801 East 4th Street, Charlotte  704-353-0180

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

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

I certify that on the 44th day of February, 2008 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**MECKLENBURG COUNTY SD**

Serial Number: 008665  
Test Date: 02/04/2008

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

Analyst's Name: HUTCHINSON, JOSEPH E  
Permit Number: 19951E  
Effective: 12/01/2007-12/01/2009

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

Lot Number: AG722702  
Exp Date: 08/14/2009

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

Signature of Chemical Analyst  
DMV

---

This form is used when 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 SD

Serial Number: 008665    Test Record Number: 125
Test Date: 02/04/2008    Test Time: 9:22am EST

System Check: Passed

Baseline Tests

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<tbody>
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<td>FLO</td>
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<td>9:22am</td>
</tr>
<tr>
<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<th>Status</th>
<th>Time</th>
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<tbody>
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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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