DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carteret
Instrument Location: BAT Mobile Unit #6

Instrument Serial No: 008898

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18th day of February, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898  Test Record Number: 529
Test Date: 02/18/2011  Test Time: 10:14pm EST

System Check: Passed

Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
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<tr>
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<td>10:15pm</td>
</tr>
<tr>
<td>PC</td>
<td>Pass</td>
<td>10:15pm</td>
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Temperature Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>SRC</td>
<td>Pass</td>
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<tr>
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<td>10:15pm</td>
</tr>
<tr>
<td>BT</td>
<td>Pass</td>
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Blank Tests

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<thead>
<tr>
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<th>Status</th>
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<tbody>
<tr>
<td>AIR</td>
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Printer Tests

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<tr>
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CRC Tests

<table>
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<tr>
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<tr>
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</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:16pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

K. C. [Signature]
Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898
Test Date: 02/18/2011

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

Test g/210L Time

<table>
<thead>
<tr>
<th>Test</th>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>10:08pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:09pm</td>
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<td>10:12pm</td>
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<td>AIR BLK</td>
<td>.00</td>
<td>10:13pm</td>
</tr>
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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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carteret  Instrument Location: BAT Mobile Unit

Instrument Serial No. 008439  Morehead City

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

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

I certify that on the 18 day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Preventive Maintenance
CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939    Test Record Number: 480
Test Date: 02/18/2011    Test Time: 10:10pm EST

System Check: Passed

Baseline Tests

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<td>10:11pm</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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<tr>
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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>10:12pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939
Test Date: 02/18/2011

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

Test g/210L Time

DIAG Pass 10:01pm
AIR BLK .00 10:02pm
ACCY CHK .08 10:03pm
AIR BLK .00 10:04pm
SUB TEST .00 10:05pm
AIR BLK .00 10:06pm
SUB TEST .00 10:07pm
AIR BLK .00 10:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Hanover
Instrument Location: BAT Mobile Unit C

Instrument Serial No.: 008939

Wilmington

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

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

I certify that on the 19 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

K. C. Shuck
Signature of Certifying Official

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

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

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

Serial Number: 008939  Test Record Number: 482  
Test Date: 02/19/2011  Test Time: 11:17pm EST

System Check: Passed

**Baseline Tests**

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<th>Time</th>
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<tbody>
<tr>
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<tr>
<td>FC</td>
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**Temperature Tests**

<table>
<thead>
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<th>Test</th>
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</tr>
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<tr>
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<tr>
<td>BAR</td>
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<td>11:17pm</td>
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<tr>
<td>BT</td>
<td>Pass</td>
<td>11:17pm</td>
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**Blank Tests**

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

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

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<tbody>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:18pm</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
Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008939
Test Date: 02/19/2011

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
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<tbody>
<tr>
<td>DIAG</td>
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<td>ACCY CHK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:08pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:13pm</td>
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</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst:

Court CVR

Analyst

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

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

I certify that on the 19 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

**NEW HANOVER COUNTY BAT MOBILE UNIT 6 150**

Serial Number: 008898    Test Record Number: 531
Test Date: 02/19/2011    Test Time: 11:40pm EST

System Check: Passed

### Baseline Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>IR</td>
<td>Pass</td>
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<tr>
<td>FLO</td>
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<td>FC</td>
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### Temperature Tests

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<tr>
<th>Test</th>
<th>Status</th>
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</tr>
</thead>
<tbody>
<tr>
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### Printer Tests

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### CRC Tests

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

Preventive Maintenance Status: Pass

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This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007
Intox BC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898
Test Date: 02/19/2011

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: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

<table>
<thead>
<tr>
<th>Test</th>
<th>g/210L</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>DIAG</td>
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<td>11:18pm</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

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 10 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726
Test Date: 02/10/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

<table>
<thead>
<tr>
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<th>Time</th>
</tr>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>4:33pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:34pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:35pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:36pm</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>AIR BLK</td>
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<td>4:40pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

*Mitchell County Spruce Pine PD 600*

Serial Number: 008726  Test Record Number: 383  Test Date: 02/10/2011  Test Time: 4:41pm EST

---

**System Check: Passed**

**Baseline Tests**

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<td>4:41pm</td>
</tr>
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<td>FC</td>
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<td>4:41pm</td>
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**Temperature Tests**

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<th>Time</th>
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<td>4:42pm</td>
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<tr>
<td>BT</td>
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**Blank Tests**

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**Printer Tests**

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<tr>
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**CRC Tests**

<table>
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<tr>
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<th>Time</th>
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<tbody>
<tr>
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<td>Pass</td>
<td>4:42pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:42pm</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 Macon  Instrument Location Highlands P.D.
Instrument Serial No. 008795  Highlands, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 635

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

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

MACON COUNTY HIGHLANDS PD 550

Serial Number: 008795
Test Date: 02/02/2011

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

<table>
<thead>
<tr>
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<th>Time</th>
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<tbody>
<tr>
<td>DIAG</td>
<td>Pass</td>
<td>1:04pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:05pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>1:06pm</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>1:07pm</td>
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<tr>
<td>AIR BLK</td>
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<td>1:08pm</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

**MACON COUNTY HIGHLANDS PD 550**

**Serial Number:** 008795  **Test Record Number:** 177  
**Test Date:** 02/02/2011  **Test Time:** 1:13pm EST

**System Check:** Passed

#### Baseline Tests

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<td>1:13pm</td>
</tr>
<tr>
<td>FC</td>
<td>Pass</td>
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#### Temperature Tests

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<td>1:13pm</td>
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#### Blank Tests

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<td>AIR</td>
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#### Printer Tests

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

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<tr>
<td>COMP</td>
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<td>1:14pm</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:14pm</td>
</tr>
</tbody>
</table>

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

---

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

County Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008727 Bryson 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 1 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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:** 02/01/2011

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

**Analyst's Name:** CUTLER, DANIEL R  
**Permit Number:** 08457E  
**Effective:** 10/01/2009-10/01/2011

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

- **Lot Number:** AG910501  
- **Exp Date:** 04/15/2011

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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>11:00am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:01am</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>11:02am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>11:03am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>11:04am</td>
</tr>
</tbody>
</table>

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

**Signature of Chemical Analyst**

Court CVR

---

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008727  Test Record Number: 504
Test Date: 02/01/2011  Test Time: 11:05am EST

System Check: Passed

Baseline Tests

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<td>11:05am</td>
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<tr>
<td>FC</td>
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Temperature Tests

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<tbody>
<tr>
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<td>11:05am</td>
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Blank Tests

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Printer Tests

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CRC Tests

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

[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 Swain Instrument Location Swain Co. Jail

Instrument Serial No. 008723 Bryson 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 1 day of February 2011 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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723
Test Date: 02/01/2011

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

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG910501
Exp Date: 04/15/2011

Test g/210L Time

DIAG Pass 10:58am
AIR BLK .00 10:58am
ACCY CHK .08 10:59am
AIR BLK .00 11:00am
SUB TEST .00 11:00am
AIR BLK .00 11:01am
SUB TEST .00 11:03am
AIR BLK .00 11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

SWAIN COUNTY SWAIN COUNTY JAIL 860

Serial Number: 008723  Test Record Number: 249
Test Date: 02/01/2011  Test Time: 11:04am EST

System Check: Passed

Baseline Tests

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<td>11:04am</td>
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<tr>
<td>FC</td>
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<td>11:04am</td>
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Temperature Tests

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<th>Time</th>
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<tbody>
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<td>11:05am</td>
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<tr>
<td>BT</td>
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Blank Tests

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</thead>
<tbody>
<tr>
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Printer Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRNT</td>
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<td>11:05am</td>
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CRC Tests

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<tr>
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<th>Time</th>
</tr>
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<tr>
<td>COMP</td>
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<td>11:05am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:05am</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 15 day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number
Intox EC/IR-II: Subject Test

RANDOLPH COUNTY RANDOLPH COUNTY JAIL
750

Serial Number: 008850
Test Date: 02/15/2011

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

Test g/210L Time

DIAG Pass 1:28pm
AIR BLK .00 1:29pm
ACCY CHK .08 1:29pm
AIR BLK .00 1:30pm
SUB TEST .00 1:31pm
AIR BLK .00 1:32pm
SUB TEST .00 1:33pm
AIR BLK .00 1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008850  Test Record Number: 432
Test Date: 02/15/2011  Test Time: 1:35pm EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

<table>
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<tr>
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<tr>
<td>DET</td>
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<td>1:36pm</td>
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<tr>
<td>BAR</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[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 23 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 528
Intox EC/IR-II: Subject Test

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008672
Test Date: 02/23/2011

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG102602
Exp Date: 01/26/2013

Test g/210L Time

DIAG Pass 2:52pm
AIR BLK .00 2:53pm
ACCY CHK .08 2:53pm
AIR BLK .00 2:54pm
SUB TEST .00 2:55pm
AIR BLK .00 2:56pm
SUB TEST .00 2:58pm
AIR BLK .00 2:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**CUMBERLAND COUNTY DETENTION CTR 250**

Serial Number: 008672    Test Record Number: 2196  
Test Date: 02/23/2011    Test Time: 3:00pm EST

**System Check: Passed**

**Baseline Tests**

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

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<tbody>
<tr>
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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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<td>3:01pm</td>
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</table>

**Preventive Maintenance**

Status: Pass

---

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

[Signature]

Analyst
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 COUNTY

Instrument Serial No. 008614 Detention Center

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23 day of February 2011 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

578

Certificate Number

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

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614
Test Date: 02/23/2011

Citation 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: XX

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

Test g/210L Time

DIAG Pass 2:10pm
AIR BLK .00 2:11pm
ACCY CHK .08 2:11pm
AIR BLK .00 2:12pm
SUB TEST .00 2:13pm
AIR BLK .00 2:14pm
SUB TEST .00 2:16pm
AIR BLK .00 2:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614    Test Record Number: 1401
Test Date: 02/23/2011    Test Time: 2:19pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>SRC</td>
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<td>2:20pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<td>Pass</td>
<td>2:21pm</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>2:21pm</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: CUMBERLAND  Instrument Location: CUMBERLAND COUNTY

Instrument Serial No.: 008833  Detention Center

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

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

I certify that on the 23 day of February, 2011, 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**

**CUMBERLAND COUNTY DETENTION CTR. 250**

Serial Number: 008633  
Test Date: 02/23/2011

Citation 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: SIMMONS, PAUL T  
Permit Number: 08619E  
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023602  
Exp Date: 08/24/2012

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<td>SUB TEST</td>
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<td>2:39pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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</tr>
<tr>
<td>AIR BLK</td>
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<td>2:41pm</td>
</tr>
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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**

*CUMBERLAND COUNTY DETENTION CTR 250*

Serial Number: 008633  Test Record Number: 1481
Test Date: 02/23/2011  Test Time: 2:43pm 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

---

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

Instrument Serial No. 098632 Detention Center

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23 day of February, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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: 008632
Test Date: 02/23/2011

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

Test g/210L Time

- DIAG Pass 3:32pm
- AIR BLK .00 3:33pm
- ACCY CHK .08 3:34pm
- AIR BLK .00 3:34pm
- SUB TEST .00 3:35pm
- AIR BLK .00 3:36pm
- SUB TEST .00 3:38pm
- AIR BLK .00 3:39pm

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**

**CUMBERLAND COUNTY DETENTION CTR 250**

Serial Number: 008632  Test Record Number: 1476  
Test Date: 02/23/2011  Test Time: 3:40pm EST

**System Check: Passed**

**Baseline Tests**

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

<table>
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**Printer Tests**

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**CRC Tests**

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>3:41pm</td>
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</tbody>
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**Preventive Maintenance**  
Status: Pass

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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 COUNTY PINEHURST PD. 620

Serial Number: 008710
Test Date: 02/28/2011

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

Test g/210L Time
DIAG Pass 7:35am
AIR BLK .00 7:36am
ACCY CHK .07 7:37am
AIR BLK .00 7:37am
SUB TEST .00 7:38am
AIR BLK .00 7:39am
SUB TEST .00 7:41am
AIR BLK .00 7:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710    Test Record Number: 568
Test Date: 02/28/2011    Test Time: 7:46am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Iredell Instrument Location Mooresville P.D.

Instrument Serial No. 008685 750 W. Iredell Ave., Mooresville
704-664-3311

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

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

I certify that on the 23 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Roscoe C. Willis
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

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685
Test Date: 02/23/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG003402
Exp Date: 02/03/2012

Test g/210L Time
DIAG Pass 1:55pm
AIR BLK .00 1:55pm
ACCY CHK .08 1:56pm
AIR BLK .00 1:57pm
SUB TEST .00 1:58pm
AIR BLK .00 1:58pm
SUB TEST .00 2:00pm
AIR BLK .00 2:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

Bobby D. Willis
Analyst
Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685    Test Record Number: 1197
Test Date: 02/23/2011    Test Time: 2:03pm EST

System Check: Passed

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Preventive Maintenance
Status: Pass

[Signature]

Bolley 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 Iredell Instrument Location Iredell County S. D.

Instrument Serial No. 008809 221 E. Water St., Statesville
704-878-3131

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

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

I certify that on the 23 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Certificate Number 557

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

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 006809
Test Date: 02/23/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG016501
Exp Date: 06/14/2012

Test g/210L Time
DIAG Pass 12:04pm
AIR BLK .00 12:05pm
ACCY CHK .08 12:05pm
AIR BLK .00 12:06pm
SUB TEST .00 12:07pm
AIR BLK .00 12:08pm
SUB TEST .00 12:09pm
AIR BLK .00 12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bolley 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
Intox EC/IR-II: Preventive Maintenance

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809    Test Record Number: 1459
Test Date: 02/23/2011   Test Time: 12:11pm EST

System Check: Passed

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Preventive Maintenance
Status: Pass

[Signature]

Bolley 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 Iredell          Instrument Location Statesville P.D.
Instrument Serial No. 008619   330 S. Tradd St, Statesville
                                      704 - 878 - 3406

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**IREDELL COUNTY STATESVILLE PD 480**

Serial Number: 008619  
Test Date: 02/23/2011

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
10/01/2009-10/01/2011

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

Lot Number: AG920401  
Exp Date: 07/23/2011

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Reported AC: .00 g/210L

**Signature of Chemical Analyst**

Court CVR

---

**Bobby 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
System Check: Passed

Baseline Tests

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Preventive Maintenance Status: Pass

Booedy O. 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 Lincoln Instrument Location Courthouse

Instrument Serial No. 008827 1 Courthouse Sq., Lincoln
704-732-9020

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

**LINCOLN COUNTY COURTHOUSE 540**

- **Serial Number:** 008827
- **Test Date:** 02/22/2011

- **Citation Number:** M0000000-0
  - **Subject's Name:** PREVENTIVE, MAINTENANCE
  - **Subject'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, ROBBY D
  - **Permit Number:** 08010E
  - **Effective:** 10/01/2009-10/01/2011

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

- **Lot Number:** AG002704
- **Exp Date:** 01/27/2012

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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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827    Test Record Number: 832
Test Date: 02/22/2011    Test Time: 12:20pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<th>Time</th>
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<tbody>
<tr>
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<td>12:21pm</td>
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<td>DET</td>
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<tr>
<td>BAR</td>
<td>Pass</td>
<td>12:21pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
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<tr>
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</tr>
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</table>

Preventive Maintenance

Status: Pass

Bolley D. Wilco
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Lincoln Instrument Location Courthouse

Instrument Serial No. 008823 1 Courthouse Sq. Lincoln 704-732-9620

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2011 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]
Boley C. 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

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823
Test Date: 02/22/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 00010E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

Test g/210L Time
DIAG Pass 11:24am
AIR BLK .00 11:25am
ACCY CHK .08 11:25am
AIR BLK .00 11:26am
SUB TEST .00 11:27am
AIR BLK .00 11:28am
SUB TEST .00 11:30am
AIR BLK .00 11:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

**LINCOLN COUNTY COURTHOUSE 540**

Serial Number: 008823  Test Record Number: 697  
Test Date: 02/22/2011  Test Time: 11:31am EST

System Check: Passed

Baseline Tests

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<td>11:32am</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tbody>
<tr>
<td>COMP</td>
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</tr>
<tr>
<td>CAL</td>
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<td>11:33am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

*Boley 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 Rutherford Instrument Location Forest City P.D.

Instrument Serial No. 008849 1875 Church St, Forest City 828-245-5555

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 1 day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official

Certificate Number

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

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889  
Test Date: 02/01/2011

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG925103  
Exp Date: 09/08/2011

<table>
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<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:26pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:27pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:27pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>12:28pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:29pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
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</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Bobby 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
Intox EC/IR-II: Preventive Maintenance

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008889    Test Record Number: 340
Test Date: 02/01/2011    Test Time: 12:34pm EST

System Check: Passed

Baseline Tests

Test  Status  Time
IR     Pass    12:34pm
FLO    Pass    12:34pm
FC     Pass    12:34pm

Temperature Tests

Test  Status  Time
FC1    Pass    12:34pm
SRC    Pass    12:34pm
DET    Pass    12:34pm
BAR    Pass    12:34pm
BT     Pass    12:34pm

Blank Tests

Test  Status  Time
AIR    Pass    12:35pm

Printer Tests

Test  Status  Time
PRNT   Pass    12:35pm

CRC Tests

Test  Status  Time
COMP   Pass    12:36pm
CAL    Pass    12:36pm

Preventive Maintenance
Status: Pass

Boley  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: Rutherford    Instrument Location: Rutherford County S.D.

Instrument Serial No.: 008914    400N. Washington St, Rutherfordton
                                      828-627-6247

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ___ day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Boley O. Willis
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

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914
Test Date: 02/01/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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: 03010E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

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<tr>
<td>ACCY CHK</td>
<td>.08</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

**Rutherford County Rutherford County SD 800**

Serial Number: 008914 Test Record Number: 647
Test Date: 02/01/2011 Test Time: 10:56am EST

**System Check: Passed**

### Baseline Tests

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### Temperature Tests

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### CRC Tests

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<tr>
<td>CAL</td>
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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

**Bobby D. Willis**

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Wilson
Instrument Location: Wilson Co. Detention Center

Instrument Serial No.: 008652
100 E. Green St., Wilson, NC

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

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

I certify that on the 21st day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652
Test Date: 02/21/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

Test g/210L Time
DIAG Pass 10:38am
AIR BLK .00 10:39am
ACCY CHK .07 10:40am
AIR BLK .00 10:41am
SUB TEST .00 10:42am
AIR BLK .00 10:43am
SUB TEST .00 10:44am
AIR BLK .00 10:45am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

---

Analyst

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652    Test Record Number: 1534
Test Date: 02/21/2011    Test Time: 10:48am EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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

 Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
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: Kinston, P.D.

Instrument Serial No.: 008424 105 E. King St., Kinston, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of February, 2011 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**

**LENOIR COUNTY KINSTON PD 530**

Serial Number: 008624  
Test Date: 02/16/2011

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG916602  
Exp Date: 06/15/2011

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<td>.08</td>
<td>11:05am</td>
</tr>
<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**

**LENOIR COUNTY KINSTON PD 530**

Serial Number: 008624  Test Record Number: 859
Test Date: 02/16/2011  Test Time: 11:11am 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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<td>Pass</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 Forsyth            Instrument Location Forsyth Co. 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 22 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of 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: 02/22/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG011703
Exp Date: 04/27/2012

Test g/210L Time

DIAG Pass 3:08pm
AIR BLK .00 3:09pm
ACCY CHK .08 3:10pm
AIR BLK .00 3:11pm
SUB TEST .00 3:11pm
AIR BLK .00 3:12pm
SUB TEST .00 3:14pm
AIR BLK .00 3:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659    Test Record Number: 1182
Test Date: 02/22/2011    Test Time: 3:15pm 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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<td>CAL</td>
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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 22nd day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

FORSYTH COUNTY FORSYTH CO DETENTION

Serial Number: 008660
Test Date: 02/22/2011

Citation Number: M0000000-0
Subject’s Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<tr>
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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

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660    Test Record Number: 1675
Test Date: 02/22/2011    Test Time: 3:12pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>3:13pm</td>
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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
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. 008583

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2. Verify instrument displays time and date;
3. Initiate breath test sequence;
4. Enter information as prompted;
5. Verify instrument accuracy;
6. When "PLEASE BLOW" appears, collect breath sample;
7. When "PLEASE BLOW" appears, collect breath sample;
8. Print test record;
9. Verify Diagnostic Program; and
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

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

**FORSYTH COUNTY FORSYTH CO DETENTION 330**

Serial Number: 008583  
Test Date: 02/22/2011

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023602  
Exp Date: 08/24/2012

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<td>AIR BLK</td>
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<td>ACCY CHK</td>
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Reported AC: 700 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: 008583    Test Record Number: 2970
Test Date: 02/22/2011    Test Time: 3:09pm 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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<tbody>
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CRC Tests

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

Analyst

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

County Forsyth Instrument Location Kernersville N.C.

Instrument Serial No. 008650

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic 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, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of 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: 02/22/2011
Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

Test g/210L Time
DIAG Pass 1:49pm
AIR BLK .00 1:50pm
ACCY CHK .07 1:51pm
AIR BLK .00 1:52pm
SUB TEST .00 1:52pm
AIR BLK .00 1:53pm
SUB TEST .00 1:55pm
AIR BLK .00 1:56pm

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: 655
Test Date: 02/22/2011    Test Time: 2:00pm EST
System Check: Passed

Baseline Tests

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Temperature 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: Sampson
Instrument Location: Sampson County
Instrument Serial No.: 8917
County: Sheriff's 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 24 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test
SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008917
Test Date: 02/24/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG003402
Exp Date: 02/03/2012

Test       g/210L    Time

DIAG       Pass      11:53am
AIR BLK    .00       11:54am
ACCCY CHK  .08      11:54am
AIR BLK    .00       11:55am
SUB TEST   .00       11:56am
AIR BLK    .00       11:57am
SUB TEST   .00       11:58am
AIR BLK    .00       11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

Analyst

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

SAMPSON COUNTY  SAMPSON COUNTY SD 810

Serial Number: 008917  Test Record Number: 267
Test Date: 02/24/2011  Test Time: 12:03pm 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
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FORENSIC TESTS FOR ALCOHOL BRANCH  

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County: Pender  
Instrument Location: Pender County Sheriff's Dept.  
Instrument Serial No.: 8901  

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

1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus 0.2 degrees centigrade;  
2. Verify instrument displays time and date;  
3. Initiate breath test sequence;  
4. Enter information as prompted;  
5. Verify instrument accuracy;  
6. When "PLEASE BLOW" appears, collect breath sample;  
7. When "PLEASE BLOW" appears, collect breath sample;  
8. Print test record;  
9. Verify Diagnostic Program; and  
10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the 21 day of February, 2011 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: 634  

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

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

PENDER COUNTY PENDER COUNTY SD 700

Serial Number: 008901
Test Date: 02/21/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG920303
Exp Date: 07/22/2011

Test g/210L Time

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Reported AC: .00 g/210L

Signature of Chemical 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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Printer Tests

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CRC Tests

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Preventive Maintenance Status: Pass

Signature: [Signature]

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

Serial Number: 008617
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

Test g/210L Time
DIAG Pass 3:13pm
AIR BLK .00 3:14pm
ACCY CHK .08 3:15pm
AIR BLK .00 3:16pm
SUB TEST .00 3:17pm
AIR BLK .00 3:18pm
SUB TEST .00 3:19pm
AIR BLK .00 3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617  Test Record Number: 1468  Test Date: 02/16/2011  Test Time: 3:21pm EST

System Check: Passed

### Baseline Tests

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### CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

**Analyst**

This form is used when performing Preventive Maintenance procedures

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Anthony Rice

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: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

NEW HANOVER COUNTY  NEW HANOVER CO SD 640

Serial Number: 008626    Test Record Number: 2782
Test Date: 02/16/2011    Test Time: 3:22pm 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 **New Hanover**
Instrument Location **Wilmington**
Instrument Serial No. **8628**

**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 **16** day of **February**, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number **634**

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

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>2:36pm</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Anthony Rivera
Signature of Chemical Analyst

Court CVR

Anthony Rivera
Analyst

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

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628   Test Record Number: 1803
Test Date: 02/16/2011   Test Time: 2:42pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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CRC Tests

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<td>CAL</td>
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Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County NEW HANOVER
Instrument Location North Carolina BEACH

Instrument Serial No. 8661

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 16th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 6341

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

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

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG003402
Exp Date: 02/03/2012

Test g/210L Time

DIAG Pass 1:24pm
AIR BLK .00 1:25pm
ACCCY CHK .08 1:26pm
AIR BLK .00 1:27pm
SUB TEST .00 1:27pm
AIR BLK .00 1:28pm
SUB TEST .00 1:30pm
AIR BLK .00 1:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when 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: 1032
Test Date: 02/16/2011  Test Time: 1:33pm 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 NEW HANOVER Instrument Location WRIGHTSVILLE BEACH

Instrument Serial No. 8667 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 16 day of FEBRUARY 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD
640

Serial Number: 008667
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

Test g/210L Time

DIAG Pass 12:25pm
AIR BLK .00 12:26pm
ACCY CHK .08 12:26pm
AIR BLK .00 12:27pm
SUB TEST .00 12:28pm
AIR BLK .00 12:29pm
SUB TEST .00 12:30pm
AIR BLK .00 12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when 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: 790
Test Date: 02/16/2011    Test Time: 12:33pm 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 Brunswick
Instrument Location Brunswick County
Instrument Serial No. 8585

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16 day of February, 2011 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

Serial Number: 008585
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

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<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**BRUNSWICK COUNTY BRUNSWICK CO SD 090**

Serial Number: 008585  Test Record Number: 1859  Test Date: 02/16/2011  Test Time: 10:04am EST

System Check: Passed

## Baseline Tests

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## Printer Tests

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## CRC Tests

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Preventive Maintenance  
Status: Pass

[Signature]

Analyst

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602  
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

Test  g/210L  Time

DIAG  Pass  9:54am
AIR BLK .00  9:55am
ACCY CHK .07  9:56am
AIR BLK .00  9:57am
SUB TEST .00  9:57am
AIR BLK .00  9:58am
SUB TEST .00  10:00am
AIR BLK .00  10:01am

Reported AC:  00 g/210L

Signature of Chemical Analyst

Court CVR


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

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602    Test Record Number: 1266
Test Date: 02/16/2011    Test Time: 10:02am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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CRC Tests

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Preventive Maintenance Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Brunswick  Instrument Location: Oak Island
Instrument Serial No.: 8648  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 16 day of February, 2011 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 634

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

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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

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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

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648      Test Record Number: 767
Test Date: 02/16/2011      Test Time: 8:41am 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 Pender Instrument Location Pender County
Instrument Serial No. 5946 Sheriff's 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 3 day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

PENDER PENDER COUNTY SD 700

Serial Number: 008946
Test Date: 02/03/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG904902
Exp Date: 02/18/2011

Test g/210L Time

DIAG Pass 12:49pm
AIR BLK .00 12:50pm
ACCY CHK .08 12:51pm
AIR BLK .00 12:51pm
SUB TEST .00 12:53pm
AIR BLK .00 12:54pm
SUB TEST .00 12:56pm
AIR BLK .00 12:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**PENDER COUNTY SD 700**

**Serial Number:** 008946  
**Test Record Number:** 567  
**Test Date:** 02/03/2011  
**Test Time:** 1:02pm EST

## System Check: Passed

### Baseline Tests

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### CRC Tests

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## Preventive Maintenance Status: Pass

[Signature]

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County PENDER Instrument Location Pender County
Instrument Serial No. 8935 Sheriff's 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 3 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Anthony Rivera
Signature of Certifying Official

Certificate Number 634

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

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

PENDER PENDER CO SD 700

Serial Number: 008935
Test Date: 02/03/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

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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

PENDER PENDER CO SD 700

Serial Number: 008935    Test Record Number: 572
Test Date: 02/03/2011    Test Time: 1:03pm 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 3 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 634

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008958
Test Date: 02/03/2011

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

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

DUPLIN COUNTY WALLACE PD 300

Serial Number: 008858    Test Record Number: 413
Test Date: 02/03/2011    Test Time: 11:14am 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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<th>Time</th>
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CRC Tests

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<tr>
<th>Test</th>
<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>11:16am</td>
</tr>
</tbody>
</table>

Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

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

I certify that on the 3 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Anthony /s/ 637
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**

*DUPLIN COUNTY WARSAW PD 300*

Serial Number: 008874  
Test Date: 02/03/2011

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002704  
Exp Date: 01/27/2012

<table>
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<tr>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:48am</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:49am</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:49am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:50am</td>
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<tr>
<td>AIR BLK</td>
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<td>9:52am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:53am</td>
</tr>
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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**

**DUPLIN COUNTY WARSAW PD 300**

Serial Number: 008874  Test Record Number: 199  
Test Date: 02/03/2011  Test Time: 9:55am EST

System Check: Passed

### Baseline Tests

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<td>9:55am</td>
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<tr>
<td>FC</td>
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<td>9:56am</td>
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### Temperature Tests

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<tbody>
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<td>DET</td>
<td>Pass</td>
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<td>9:56am</td>
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<td>BT</td>
<td>Pass</td>
<td>9:56am</td>
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### Blank Tests

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### Printer Tests

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

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

Preventive Maintenance
Status: Pass

---

*Signature*

**Analyst**

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Duplin
Instrument Location: Duplin County

Instrument Serial No.: 8864
Sheriff's 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 3 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

DUPLIN COUNTY DULPHIN CO SD 300

Serial Number: 008864
Test Date: 02/03/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

Test | g/210L | Time
--- | --- | ---
DIAG | Pass | 8:50am
AIR BLK | .00 | 8:51am
ACCY CHK | .00 | 8:51am
AIR BLK | .00 | 8:53am
SUB TEST | .00 | 8:53am
AIR BLK | .00 | 8:54am
SUB TEST | .00 | 8:56am
AIR BLK | .00 | 8:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

*DUPLIN COUNTY DUPLIN CO SD 300*

Serial Number: 008864  Test Record Number: 953
Test Date: 02/03/2011  Test Time: 9:01am EST

System Check: *Passed*

### Baseline Tests

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

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<td>9:01am</td>
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<td>BT</td>
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### Blank Tests

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### Printer Tests

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

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<td>9:02am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:02am</td>
</tr>
</tbody>
</table>

**Preventive Maintenance**

Status: *Pass*

*Anthony Reeves*

Analyst

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Columbus Instrument Location Columbus County

Instrument Serial No. 8613 Sheriff's Dept

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 634

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

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008613
Test Date: 02/02/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG910601
Exp Date: 04/16/2011

Test  g/210L  Time

DIAG  Pass  12:34pm
AIR BLK  .00  12:35pm
ACCY CHK  .07  12:35pm
AIR BLK  .00  12:36pm
SUB TEST  .00  12:37pm
AIR BLK  .00  12:38pm
SUB TEST  .00  12:39pm
AIR BLK  .00  12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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 Analyst]
Intox EC/IR-II: Preventive Maintenance

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008613    Test Record Number: 530
Test Date: 02/02/2011    Test Time: 12:42pm EST

System Check: Passed

Baseline Tests

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

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<td>SRC</td>
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<td>DET</td>
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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>12:43pm</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 **Columbus**
Instrument Location **Columbus County**

Instrument Serial No. **8896**

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

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

I certify that on the **2** day of **February**, **2011** the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number] 634

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

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886
Test Date: 02/02/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

<table>
<thead>
<tr>
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<td>AIR BLK</td>
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<td>ACCY CHK</td>
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<td>12:10pm</td>
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<tr>
<td>AIR BLK</td>
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<td>12:11pm</td>
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<tr>
<td>SUB TEST</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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</tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886  Test Record Number: 408
Test Date: 02/02/2011  Test Time: 12:24pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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

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Printer Tests

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

<table>
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<tr>
<th>Test</th>
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<th>Time</th>
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<td>COMP</td>
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<tr>
<td>CAL</td>
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<td>12:25pm</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 Bladen Instrument Location Bladen County

Instrument Serial No. 8818 Sheriff's Dept.

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

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

I certify that on the 2 day of February, 2011 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  Anthony Peake
Certificate Number 634

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

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818
Test Date: 02/02/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG920301
Exp Date: 07/22/2011

Test | g/210L | Time
---|--------|--------
DIAG | Pass | 10:46am
AIR BLK | .00 | 10:47am
ACCY CHK | .07 | 10:48am
AIR BLK | .00 | 10:49am
SUB TEST | .00 | 10:49am
AIR BLK | .00 | 10:50am
SUB TEST | .00 | 10:52am
AIR BLK | .00 | 10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818       Test Record Number: 342
Test Date: 02/02/2011       Test Time: 11:02am 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>11:03am</td>
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<td>BT</td>
<td>Pass</td>
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Blank Tests

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Printer Tests

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CRC Tests

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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 Bladen Instrument Location Bladen County
Instrument Serial No. 8894 Sheriff's Dept.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2 day of February, 2011 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.

Anthony Rivera
Signature of Certifying Official

Certificate Number 634

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

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894
Test Date: 02/02/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

Test g/210L Time
DIAG Pass 10:46am
AIR BLK .00 10:47am
ACCY CHK .08 10:47am
AIR BLK .00 10:48am
SUB TEST .00 10:49am
AIR BLK .00 10:50am
SUB TEST .00 10:52am
AIR BLK .00 10:53am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894    Test Record Number: 369
Test Date: 02/02/2011    Test Time: 10:55am EST

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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CRC Tests

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<td>10:56am</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  Sampson  Instrument Location  Sampson County
Instrument Serial No.  8877  Sheriff's Dept.

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

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

I certify that on the 2 day of February, 2011 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 634

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

_SAMPSON COUNTY SAMPSON COUNTY SD 810_

Serial Number: 008877
Test Date: 02/02/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

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<tr>
<td>AIR BLK</td>
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<td>9:17am</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:18am</td>
</tr>
<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>9:20am</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

*Signature of Chemical Analyst*

Court CVR

---

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

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877    Test Record Number: 618
Test Date: 02/02/2011    Test Time: 9:25am 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>
<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 __Sampson__  Instrument Location __Sampson County__

Instrument Serial No. __8825__  Sheriff's Dept. __

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

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

I certify that on the __2__ day of __February__ , 2011 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 __634__

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

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825
Test Date: 02/02/2011

Citation Number: M0000000-0
Subject’s Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG002704
Exp Date: 01/27/2012

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<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<td>9:20am</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

[Handwritten 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
Serial Number: 008625  Test Record Number: 1026
Test Date: 02/02/2011  Test Time: 9:25am 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>
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CRC Tests

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<tr>
<td>COMP</td>
<td>Pass</td>
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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 Robeson Instrument Location Robeson Co. Jail

Instrument Serial No. 008805 (LUMBERON LEC) LUMBAYEN, NC

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

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

I certify that on the 24 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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

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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805
Test Date: 02/24/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

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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

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805    Test Record Number: 1293
Test Date: 02/24/2011    Test Time: 1:56pm EST

System Check: Passed

Baseline Tests

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<tr>
<td>IR</td>
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<td>1:56pm</td>
</tr>
<tr>
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<td>Pass</td>
<td>1:56pm</td>
</tr>
<tr>
<td>FC</td>
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Temperature Tests

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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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Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  
Instrument Location  

Instrument Serial No.  

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

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

I certify that on the 23 day of  FEBRUARY  , 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official  
Certificate Number  371

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

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008629
Test Date: 02/23/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

Test  g/210L  Time

DIAG  Pass  4:19pm
AIR BLK .00  4:20pm
ACCY CHK .08  4:21pm
AIR BLK .00  4:21pm
SUB TEST .00  4:22pm
AIR BLK .00  4:23pm
SUB TEST .00  4:25pm
AIR BLK .00  4:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**JOHNSON COUNTY JOHNSTON CO. JAIL 500**

Serial Number: 008629  Test Record Number: 190  Test Date: 02/23/2011  Test Time: 4:27pm EST

System Check: Passed

## Baseline Tests

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<td>4:27pm</td>
</tr>
<tr>
<td>FC</td>
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## Temperature Tests

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## Printer Tests

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<thead>
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## CRC Tests

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<td>4:28pm</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>4:28pm</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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County   RANDOLPH   Instrument Location    RANDOLPH Co. JAIL

Instrument Serial No.  008860   Asheboro NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 28  day of    FEBRUARY     , 2011    the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

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**

**RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750**

Serial Number: 008860  
Test Date: 02/28/2011

Citation Number: M0000000-0  
Subject's Name:  
PREVENTIVE, MAINTENANCE  
Subject'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:  
10/01/2009-10/01/2011

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

Lot Number: AG023702  
Exp Date: 08/25/2012

<table>
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<tr>
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<th>Time</th>
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<tr>
<td>DIAG</td>
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<td>9:41am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>9:43am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:44am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:48am</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

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860  Test Record Number: 1040
Test Date: 02/28/2011  Test Time: 9:49am EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<td>SRC</td>
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<tr>
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<td>9:49am</td>
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<tr>
<td>BT</td>
<td>Pass</td>
<td>9:49am</td>
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Blank Tests

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Printer Tests

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<tr>
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CRC Tests

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<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  RANDOLPH  Instrument Location  RANDOLPH Co. JAIL
Instrument Serial No.  008899  Asheboro NC

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

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

I certify that on the 28 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899
Test Date: 02/28/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

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<td>.00</td>
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<tr>
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<td>.07</td>
<td>10:04am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:05am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899     Test Record Number: 969
Test Date: 02/28/2011     Test Time: 10:10am EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<tr>
<td>FC1</td>
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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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<td>10:11am</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        JOHNSTON                     Instrument Location  JOHNSTON Co. JAIL

Instrument Serial No. 008846           SMITHFIELD, NC

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

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

I certify that on the 23 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]  371

Certificate Number

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

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

JOHNSON COUNTY JOHNSON CO. JAIL 500
Serial Number: 008846
Test Date: 02/23/2011
Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG102602
Exp Date: 01/26/2013

Test  g/210L  Time
---  -------  -------
DIAG  Pass   3:04pm
AIR BLK .00  3:04pm
ACCY CHK .07  3:05pm
AIR BLK .00  3:06pm
SUB TEST .00  3:07pm
AIR BLK .00  3:08pm
SUB TEST .00  3:09pm
AIR BLK .00  3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

JOHNSTON COUNTY JOHNSTON CO. JAIL 500
Serial Number: 008846   Test Record Number: 1644
Test Date: 02/23/2011   Test Time: 3:11pm EST
System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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<tbody>
<tr>
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Printer Tests

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<th>Test</th>
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<th>Time</th>
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<tbody>
<tr>
<td>PRNT</td>
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<td>3:13pm</td>
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CRC Tests

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<th>Time</th>
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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 ROBESON Instrument Location ROBESON Co. JAIL

Instrument Serial No. 00 8836 (LUMBERTON L.E.C) LUMBERTON NC

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

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

I certify that on the 24 day of FEBRUARY, 2011 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**

**ROBESON COUNTY LUMBERTON, LEC. 770**

Serial Number: 008836  
Test Date: 02/24/2011

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG104004  
Exp Date: 02/09/2013

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<td>.00</td>
<td>2:18pm</td>
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<tr>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst  
Court CVR

---

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

Baseline Tests

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Temperature Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ___ day of __, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

ROCKINGHAM COUNTY BAT MOBILE UNIT 5 780

Serial Number: 008600    Test Record Number: 747
Test Date: 02/25/2011    Test Time: 8:11pm EST

System Check: Passed

Baseline Tests

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</table>

Preventive Maintenance Status: Pass

[Signature]

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

ROCKINGHAM COUNTY BAT MOBILE UNIT 5
780

Serial Number: 008600
Test Date: 02/25/2011

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

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

Test g/210L Time

DIAG Pass 8:02pm
AIR BLK .00 8:04pm
ACCY CHK .08 8:04pm
AIR BLK .00 8:05pm
SUB TEST .00 8:06pm
AIR BLK .00 8:07pm
SUB TEST .00 8:08pm
AIR BLK .00 8:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

PREVENTIVE MAINTENANCE RECORD  
INTOXIMETERS, MODEL INTOX EC/IR II  

County MECKLENBURG  Instrument Location BAT MOBILE UNIT 3  
Instrument Serial No. 008647  CHARLOTTE, NC  

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

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

I certify that on the 24 day of FEB 2011 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 BAT MOBILE UNIT 3 590

Serial Number: 008647
Test Date: 02/24/2011

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG011703
Exp Date: 04/27/2012

Test g/210L Time

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

Signature of Chemical Analyst

Court CVR

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: 1005
Test Date: 02/24/2011  Test Time: 8:26pm 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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Preventive Maintenance
Status: Pass

Alvin Ray Barnes
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: MECKLENBURG  Instrument Location: BAT MOBILE UNIT 3

Instrument Serial No. 008865  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 24th day of FEB 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008865
Test Date: 02/24/2011

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

Test g/210L Time

DIAG Pass 8:19pm
AIR BLK .00 8:20pm
ACCY CHK .07 8:20pm
AIR BLK .00 8:21pm
SUB TEST .00 8:22pm
AIR BLK .00 8:23pm
SUB TEST .00 8:24pm
AIR BLK .00 8:25pm

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:** 008865  **Test Record Number:** 245  
**Test Date:** 02/24/2011  **Test Time:** 8:26pm 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

---

**Allen Ray Barnes**

**Analyst**

---

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 24 day of FEB 2011 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

Serial Number: 008616
Test Date: 02/24/2011

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

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

Test g/210L Time
DIAG Pass 8:21pm
AIR BLK .00 8:22pm
ACCY CHK .08 8:22pm
AIR BLK .00 8:23pm
SUB TEST .00 8:24pm
AIR BLK .00 8:25pm
SUB TEST .00 8:26pm
AIR BLK .00 8:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Alvin Ray Barnes

Analyst

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

Baseline Tests

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<tr>
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<tr>
<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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Preventive Maintenance Status: Pass

[Signature]

Analyzer

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

County Cabarrus Instrument Location Kannapolis PD

Instrument Serial No. 008589 314 S. Main Street, Kannapolis
704-920-4000

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

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

I certify that on the 23rd day of February, 2011 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.

Joseph Hall
Signature of Certifying Official

Certificate Number 650

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test
CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589
Test Date: 02/23/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG003401
Exp Date: 02/03/2012

Test g/210L Time
DIAG Pass 1:10pm
AIR BLK .00 1:11pm
ACCY CHK .08 1:11pm
AIR BLK .00 1:12pm
SUB TEST .00 1:13pm
AIR BLK .00 1:14pm
SUB TEST .00 1:16pm
AIR BLK .00 1:17pm

Reported ACy .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**CABARRUS COUNTY KANNAPOLIS PD 120**

**Serial Number: 008589**  **Test Record Number: 1277**  
**Test Date: 02/23/2011**  **Test Time: 1:18pm EST**

System Check: Passed

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## Temperature Tests

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## CRC Tests

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<tr>
<td>CAL</td>
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<td>1:19pm</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 Cabarrus Instrument Location Cabarrus County 5D
Instrument Serial No. 008792 30 Corban Ave, Concord

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

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

I certify that on the 23rd day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792
Test Date: 02/23/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

Test g/210L Time

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

Signature of Chemical Analyst

Court CVR

---

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

**CABARRUS COUNTY CABARRUS COUNTY SD 120**

Serial Number: 008792  Test Record Number: 324  Test Date: 02/23/2011  Test Time: 12:30pm 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 Cabarrus Instrument Location Cabarrus County SD

Instrument Serial No. 008590 30 Corban Ave, Concord 704-920-3000

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

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

I certify that on the 15th day of February, 2011, 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.

Joseph E. Hubbard
Signature of Certifying Official

Certificate Number 650

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

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590
Test Date: 02/15/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG016501
Exp Date: 06/14/2012

Test g/210L Time
DIAG Pass 11:59am
AIR BLK .00 12:00pm
ACCY CHK .08 12:00pm
AIR BLK .00 12:01pm
SUB TEST .00 12:02pm
AIR BLK .00 12:03pm
SUB TEST .00 12:04pm
AIR BLK .00 12:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590   Test Record Number: 1365
Test Date: 02/15/2011   Test Time: 12:06pm 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 Gaston Instrument Location Gaston County SD

Instrument Serial No. 008643 405 N. Marietta Street, Gastonia

704-869-6800

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

GASTON COUNTY  GASTON COUNTY SD 350

Serial Number: 008643  Test Record Number: 1149
Test Date: 02/14/2011  Test Time: 5:19pm 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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Preventive Maintenance
Status: Pass

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

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643
Test Date: 02/14/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

Test g/210L Time
DIAG Pass 5:22pm
AIR BLK .00 5:23pm
ACCY CHK .08 5:24pm
AIR BLK .00 5:25pm
SUB TEST .00 5:25pm
AIR BLK .00 5:26pm
SUB TEST .00 5:28pm
AIR BLK .00 5:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

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

County: Union                Instrument Location: Waxhaw PD

Instrument Serial No.: 008594            703 W. South Main Street, Suite E

704-843-0353            Waxhaw

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14th day of February, 2011 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.

Joseph Hult
Signature of Certifying Official

Certificate Number: 050

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

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

UNION COUNTY WAXHAW PD 890

Serial Number: 008594  Test Record Number: 816
Test Date: 02/14/2011  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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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

UNION COUNTY WAXHAW PD 890

Serial Number: 008594
Test Date: 02/14/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920301
Exp Date: 07/22/2011

Test g/210L Time

DIAG Pass 12:40pm
AIR BLK .00 12:40pm
ACCY CHK .08 12:41pm
AIR BLK .00 12:42pm
SUB TEST .00 12:42pm
AIR BLK .00 12:43pm
SUB TEST .00 12:45pm
AIR BLK .00 12:46pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County     Catawba                 Instrument Location Catawba County SD
Instrument Serial No. 008687  100 B Southwest Blvd, Newton
                                  828-464-5241

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

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

I certify that on the 11th day of February 2011 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.

Joseph E. Hall
Signature of Certifying Official

Certificate Number 658

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

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687
Test Date: 02/11/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG003401
Exp Date: 02/03/2012

Test g/210L Time

DIAG Pass 9:19am
AIR BLK .00 9:20am
ACCY CHK .08 9:21am
AIR BLK .00 9:22am
SUB TEST .00 9:23am
AIR BLK .00 9:23am
SUB TEST .00 9:25am
AIR BLK .00 9:26am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687   Test Record Number: 1108
Test Date: 02/11/2011   Test Time: 9:27am 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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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 11th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821
Test Date: 02/11/2011

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

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

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<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<td>9:21am</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Record Number: 639
Test Date: 02/11/2011 Test Time: 9:26am 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Catawba Instrument Location Hickory PD

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

828-324-2060

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

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

I certify that on the 11th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Joseph Haithman
Signature of Certifying Official

Certificate Number 650

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

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841
Test Date: 02/11/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 19951B
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG925103
Exp Date: 09/08/2011

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

Signature of Chemical Analyst

Court CVR

---

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

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Record Number: 824
Test Date: 02/11/2011 Test Time: 8:41am EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<tbody>
<tr>
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Blank Tests

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Printer Tests

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<th>Time</th>
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CRC Tests

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<tbody>
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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 Columbus Instrument Location BAT Mobile Unit 4

Instrument Serial No. C008871

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18th day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

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

**COLUMBUS COUNTY BAT MOBILE UNIT 4 230**

Serial Number: 008871  Test Record Number: 331  
Test Date: 02/18/2011  Test Time: 9:16pm EST

System Check: *Passed*

**Baseline Tests**

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**Printer Tests**

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**CRC Tests**

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**Preventive Maintenance**  
Status: Pass

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

COLUMBUS COUNTY BAT MOBILE UNIT 4 230

Serial Number: 008871
Test Date: 02/18/2011

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

Analyst's Name: TRUDELL, SR., DANIEL T
Permit Number: 21535E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011703
Exp Date: 10/02/2011

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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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County RANDOLPH Instrument Location LIBERTY POLICE DEPT.

Instrument Serial No. 008830 LIBERTY, 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, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 371

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

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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830
Test Date: 02/22/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG016501
Exp Date: 06/14/2012

Test          g/210L   Time

DIAG          Pass    9:50am
AIR BLK       .00     9:51am
ACCY CHK      .08     9:52am
AIR BLK       .00     9:53am
SUB TEST      .00     9:53am
AIR BLK       .00     9:54am
SUB TEST      .00     9:56am
AIR BLK       .00     9:57am

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

RANDOLPH LIBERTY POLICE DEPT 750

Serial Number: 008830    Test Record Number: 265
Test Date: 02/22/2011    Test Time: 9:58am 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

[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 RANDOLPH Instrument Location RANDOLMAN Police DEPT.

Instrument Serial No. 008737 RANDOLMAN, 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, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737
Test Date: 02/22/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG916602
Exp Date: 06/15/2011

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signatures]

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

RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737    Test Record Number: 365
Test Date: 02/22/2011    Test Time: 11:15am EST

System Check: Passed

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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 22 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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 ROBBINS PD 620

Serial Number: 008728
Test Date: 02/22/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

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<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728  Test Record Number: 174  
Test Date: 02/22/2011  Test Time: 2:36pm 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Bertie
Instrument Location: Bertie Co. So.
Instrument Serial No.: 008897
104 Quander St., Windsor, N.C.

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

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

I certify that on the 17th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897
Test Date: 02/17/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG920303
Exp Date: 07/22/2011

Test g/210L Time
DIAG Pass 10:57am
AIR BLK .00 10:58am
ACCY CHK .08 10:59am
AIR BLK .00 11:00am
SUB TEST .00 11:00am
AIR BLK .00 11:01am
SUB TEST .00 11:03am
AIR BLK .00 11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Signature

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008697    Test Record Number: 432
Test Date: 02/17/2011    Test Time: 11:05am 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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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**

**WASHINGTON COUNTY SHERIFF'S OFFICE 930**

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<tr>
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<tr>
<td>Citation Number: M0000000-0</td>
</tr>
<tr>
<td>Subject's Name: PREVENTIVE, MAINTENANCE</td>
</tr>
<tr>
<td>Subject's Date of Birth: 11/11/1911</td>
</tr>
<tr>
<td>Subject's Sex: Male</td>
</tr>
<tr>
<td>Driver's License State: XX</td>
</tr>
<tr>
<td>Driver's License Number: NONE</td>
</tr>
<tr>
<td>Analyst's Name: KEESLER, LINDA A</td>
</tr>
<tr>
<td>Permit Number: 11646E</td>
</tr>
<tr>
<td>Effective: 10/01/2009-10/01/2011</td>
</tr>
<tr>
<td>Officer's Name: NONE, NONE</td>
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<td>Type of Agency: FTA</td>
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<tr>
<td>Agency: DHHS</td>
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<td>Test Type: Breath Test</td>
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| Lot Number: AG011702 |
| Exp Date: 04/27/2012 |

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<tr>
<td>AIR BLK</td>
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</tr>
<tr>
<td>ACCY CHK</td>
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<tr>
<td>AIR BLK</td>
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<td>11:56am</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signatures:
- Chemical Analyst
- Court CVR

**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
System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Hyde
Instrument Location: Hyde Co. Sheriff's Office
Instrument Serial No: 008801 1233 Main St., Swan Quarter, 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 21st day of February, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official: [Signature]
Certificate Number: 647

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

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801
Test Date: 02/03/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG916602
Exp Date: 06/15/2011

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

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

HYDE COUNTY HYDE CO SO SWAN QUAR 470

Serial Number: 008801   Test Record Number: 183  
Test Date: 02/03/2011   Test Time: 11:53am EST

System Check: Passed

**Baseline Tests**

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

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**Blank Tests**

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**Printer Tests**

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**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 Chowan

Instrument Location Chowan Co. Public Safety Center

Instrument Serial No. 004495

305 W. Williamson St., Edenton, 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 14th day of February, 2011 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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG920303
Exp Date: 07/22/2011

Test g/210L Time
DIAG Pass 10:51am
AIR BLK .00 10:52am
ACCY CHK .08 10:53am
AIR BLK .00 10:54am
SUB TEST .00 10:55am
AIR BLK .00 10:56am
SUB TEST .00 10:57am
AIR BLK .00 10:58am

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

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895  Test Record Number: 340
Test Date: 02/16/2011  Test Time: 10:59am 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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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 Yadkin
Instrument Location Yadkin Corrcl

Instrument Serial No. 008944

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 17 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944
Test Date: 02/17/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

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

Signature of Chemical Analyst

Court CVR

Analyst

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

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944  Test Record Number: 595
Test Date: 02/17/2011  Test Time: 12:59pm 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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<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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

I certify that on the 16th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

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

ROCKINGHAM COUNTY REIDSVILLE PD 780

Serial Number: 008784
Test Date: 02/16/2011

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

Analyst's Name: WEAVAR, GEORGE A
Permit Number: 09442E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG916701
Exp Date: 06/16/2011

Test g/210L Time
DIAG Pass 2:47pm
AIR BLK .00 2:47pm
ACCY CHK .08 2:48pm
AIR BLK .00 2:49pm
SUB TEST .00 2:50pm
AIR BLK .00 2:51pm
SUB TEST .00 2:52pm
AIR BLK .00 2:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

#### Baseline Tests

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#### Temperature Tests

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#### CRC Tests

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

Status: Pass

---

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

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

I certify that on the 16 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certification Number

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

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636
Test Date: 02/16/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

Test  g/210L  Time

DIAG  Pass  2:01pm
AIR BLK .00  2:01pm
ACCY CHK .07  2:02pm
AIR BLK .00  2:03pm
SUB TEST .00  2:04pm
AIR BLK .00  2:05pm
SUB TEST .00  2:06pm
AIR BLK .00  2:07pm

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**

**ROCKINGHAM COUNTY EDEN PD 780**

Serial Number: 008636    Test Record Number: 893
Test Date: 02/16/2011    Test Time: 2:08pm EST

**System Check: Passed**

**Baseline Tests**

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**Temperature Tests**

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 15 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 642

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872
Test Date: 02/15/2011

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002601
Exp Date: 01/26/2012

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<tr>
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<td>DIAG</td>
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<td>ACCY CHK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

--

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

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872    Test Record Number: 734
Test Date: 02/15/2011    Test Time: 1:50pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>SRC</td>
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<tr>
<td>DBT</td>
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<tr>
<td>BAR</td>
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<td>1:51pm</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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<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 Davidson Instrument Location Lexington Police
Instrument Serial No. 008883 Department

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

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

I certify that on the 15 day of February, 2011 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 642

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

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

**DAVIDSON COUNTY LEXINGTON PD 280**

Serial Number: 008883  
Test Date: 02/15/2011

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

Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002601  
Exp Date: 01/26/2012

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

[Signature of Chemical Analyst]

Court CVR

---

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

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883    Test Record Number: 757
Test Date: 02/15/2011   Test Time: 3:05pm 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 DAVIDSON Instrument Location DAVIDSON Co JAIL

Instrument Serial No. 008845 Lexington, N.C.

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

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

I certify that on the 15 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

**DAVIDSON COUNTY DAVIDSON CO JAIL 280**

Serial Number: 008845  
Test Date: 02/15/2011

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

Analyst's Name: DEAN, L K  
Permit Number: 11598E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number: AG002601  
Exp Date: 01/26/2012

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<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:57pm</td>
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<tr>
<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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Record Number: 788
Test Date: 02/15/2011 Test Time: 4:05pm EST

System Check: Passed

Baseline Tests

<table>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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

Preventive Maintenance Status: Pass

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Guilford Instrument Location UNC-Greensboro
Instrument Serial No. 008604 Police Department

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 17 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 642

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

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

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604
Test Date: 02/17/2011

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG003403
Exp Date: 02/03/2012

Test g/210L Time

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>1:38pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:39pm</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

Analyst

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

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

Serial Number: 008604  Test Record Number: 947  
Test Date: 02/17/2011  Test Time: 1:46pm EST

System Check: Passed

### Baseline Tests

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<td>1:46pm</td>
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<td>FC</td>
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### Temperature Tests

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<tr>
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### CRC Tests

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Preventive Maintenance  
Status: Pass

![Signature]

**Analyst**

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

GUILFORD COUNTY UNC-G POLICE DBPT 400

Serial Number: 008604    Test Record Number: 945
Test Date: 02/17/2011    Test Time: 1:28pm EST

Technician Name: DEAN

Dry Gas Standard: .080
Lot Number: AG003403    Exp Date: 02/03/2012
Tank Pressure: 468 psi

System Check: Passed

<table>
<thead>
<tr>
<th>Test</th>
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<tr>
<td>AIR BLK</td>
<td>.000</td>
<td>1:29pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.082</td>
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<td>ACCY CHK</td>
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Calibration CRC: 4E953394

- New M done

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CRAVEN        Instrument Location MCAS CHERRY POINT AMO

Instrument Serial No. 010819

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

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

I certify that on the 14 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819
Test Date: 02/14/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

Test g/210L Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819   Test Record Number: 175
Test Date: 02/14/2011   Test Time: 1:05pm 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 15 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919
Test Date: 02/15/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

Test g/210L Time

DIAG Pass 11:20am
AIR BLK .00 11:21am
ACCY CHK .08 11:22am
AIR BLK .00 11:23am
SUB TEST .00 11:23am
AIR BLK .00 11:24am
SUB TEST .00 11:26am
AIR BLK .00 11:27am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008919      Test Record Number: 312
Test Date: 02/15/2011      Test Time: 11:27am 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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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 15 day of February, 2011 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

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

**ONSLOW COUNTY JACKSONVILLE PD 660**

Serial Number: 008930  
Test Date: 02/15/2011

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG003402  
Exp Date: 02/03/2012

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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

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930   Test Record Number: 963
Test Date: 02/15/2011   Test Time: 12:20pm EST

System Check: Passed

Baseline Tests

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

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<tr>
<td>BAR</td>
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<td>12:20pm</td>
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<tr>
<td>BT</td>
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Blank Tests

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Preventive Maintenance
Status: Pass

Raney E. Hall
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Onslow Instrument Location Onslow County
Instrument Serial No. 008932 Sheriff's Office

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

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

I certify that on the 15 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Randy E. Hall
Signature of Certifying Official

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

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932
Test Date: 02/15/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>12:57pm</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932   Test Record Number: 836
Test Date: 02/15/2011   Test Time: 1:02pm 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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<td>CAL</td>
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Preventive Maintenance
Status: Pass

Randy Ethell
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 15 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931  
Test Date: 02/15/2011

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011701  
Exp Date: 04/27/2012

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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

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931    Test Record Number: 1418
Test Date: 02/15/2011    Test Time: 1:00pm 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

Rancy E. Hall  
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carteret Instrument Location: Carteret County

Instrument Serial No.: 008882 Sheriff's Office

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882
Test Date: 02/16/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

Test g/210L Time

DIAG Pass 10:45am
AIR BLK .00 10:46am
ACCY CHK .08 10:47am
AIR BLK .00 10:48am
SUB TEST .00 10:48am
AIR BLK .00 10:49am
SUB TEST .00 10:51am
AIR BLK .00 10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

**CARTERET COUNTY CARTERET COUNTY SD 150**

Serial Number: 008882  
Test Record Number: 154  
Test Date: 02/16/2011  
Test Time: 10:52am EST

System Check: Passed

Baseline Tests

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CRC Tests

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Preventive Maintenance

Status: Pass

__Randy E. Hall__

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carteret Instrument Location: Carteret County

Instrument Serial No.: 008605 Sheriff's Office

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

354
Certificate Number

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

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

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605
Test Date: 02/16/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

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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 BC/IR-II: Preventive Maintenance
CARTERET COUNTY  CARTERET COUNTY SD 150
Serial Number: 008605 Test Record Number: 1991
Test Date: 02/16/2011 Test Time: 10:51am 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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Carteret  Instrument Location: Morehead City, N.C.

Instrument Serial No. 008731

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

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

I certify that on the 16th day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

[Certificate Number]

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

DHHS 4080 (11/07)
Intox EC/IR-II: Subject Test
CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731
Test Date: 02/16/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

Test g/210L Time

<p>| | | |</p>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731  Test Record Number: 902
Test Date: 02/16/2011  Test Time: 11:54am EST

System Check: Passed

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Preventive Maintenance
Status: Pass

Randy Estell
Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 16th day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.
Intox EC/IR-II: Subject Test

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785
Test Date: 02/16/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

Test g/210L Time

DIAG Pass 12:35pm
AIR BLK .00 12:35pm
ACCY CHK .08 12:36pm
AIR BLK .00 12:37pm
SUB TEST .00 12:37pm
AIR BLK .00 12:38pm
SUB TEST .00 12:40pm
AIR BLK .00 12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Randy E. Hall
Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007
Intox EC/IR-II: Preventive Maintenance
CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785    Test Record Number: 427
Test Date: 02/16/2011    Test Time: 12:41pm EST

System Check: Passed

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

Rory E. Hall
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CRAZON Instrument Location New Bern A.D.
Instrument Serial No. 00 88 17

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

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

I certify that on the 17 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Rusty E. Hall
Signature of Certifying Official

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

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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817
Test Date: 02/17/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

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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

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817    Test Record Number: 476
Test Date: 02/17/2011    Test Time: 11:28am 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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Preventive Maintenance
Status: Pass

Rory Hall
Analyst

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

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

I certify that on the 19 day of February, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732
Test Date: 02/17/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011
Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601
Exp Date: 08/24/2012

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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

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732  Test Record Number: 660
Test Date: 02/17/2011  Test Time: 12:26pm 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

Randy E. Hall
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Jones
Instrument Location: Jones County

Instrument Serial No.: 008705

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 17 day of February 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705
Test Date: 02/17/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023601
Exp Date: 08/24/2012

<table>
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<tr>
<td>AIR BLK</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>1:16pm</td>
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<td>1:17pm</td>
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<tr>
<td>SUB TEST</td>
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<tr>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705    Test Record Number: 593
Test Date: 02/17/2011    Test Time: 1:21pm 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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<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 Pamlico  
Instrument Location Pamlico County  

Instrument Serial No. 008140  
Sheriff's Office  

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

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

I certify that on the 18 day of February, 2011 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 354

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

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

**PAMLICO COUNTY PAMLICO COUNTY SD 680**

Serial Number: 008640  
Test Date: 02/18/2011

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective: 10/01/2009-10/01/2011

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

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

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<td>AIR BLK</td>
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<td>ACCY CHK</td>
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<td>AIR BLK</td>
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<td>12:01pm</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

---

**Randy E. Hall**  
Analyst

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

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640    Test Record Number: 756
Test Date: 02/18/2011    Test Time: 12:05pm 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  CRAVEN  Instrument Location  Havelock A.D.

Instrument Serial No. 008800

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

6. When “PLEASE BLOW” appears, collect breath sample;

7. When “PLEASE BLOW” appears, collect breath sample;

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 18 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Certificate Number 354

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

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

CRAVEN COUNTY HAVELOCK PD 240
Serial Number: 008800
Test Date: 02/18/2011
Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

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

Reported AC: .00 g/210L

[Signature of Chemical Analyst]

Court CVR

[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**

**CRAVEN COUNTY HAVELock PD 240**

Serial Number: 008800  Test Record Number: 392  
Test Date: 02/18/2011  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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</table>

Preventive Maintenance  
Status: Pass  

---

Randy E. Halt  
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County CARTERET Instrument Location EMERALD ISLE A.D.

Instrument Serial No. 008620

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

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

I certify that on the 18 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number

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

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620  
Test Date: 02/18/2011

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

Analyst's Name: HALL, RANDY E  
Permit Number: 03462E  
Effective:  
10/01/2009-10/01/2011

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

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

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<td>ACCY CHK</td>
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Reported AC: .00 g/210L  

Signature of Chemical Analyst

Court CVR

---

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

---

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

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620    Test Record Number: 1080
Test Date: 02/18/2011    Test Time: 2:14pm 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 CUMBERLAND  Instrument Location FORT BRAGG
Instrument Serial No. 008908  MILITARY POLICE, PMO

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

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

I certify that on the 08 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official
Certificate Number

A signed original of 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 FORT BRAGG, LEC. 250

Serial Number: 008908
Test Date: 02/08/2011

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG002802
Exp Date: 01/28/2012

Test   g/210L   Time
DIAG    Pass   12:34pm
AIR BLK .00   12:35pm
ACCY CHK .08   12:35pm
AIR BLK .00   12:36pm
SUB TEST .00   12:37pm
AIR BLK .00   12:38pm
SUB TEST .00   12:39pm
AIR BLK .00   12:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Record Number: 761
Test Date: 02/08/2011 Test Time: 12:43pm EST

System Check: Passed

Baseline Tests

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Temperature 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 FORT BRAGG,

Instrument Serial No. 008903 Military Police, P.M.O.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 08 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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 FORT BRAGG LEC. 250

Serial Number: 008903
Test Date: 02/08/2011

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

Analyst's Name: SIMMONS, PAUL T
Permit Number: 08619E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

Test g/210L Time

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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**

**CUMBERLAND COUNTY FORT BRAGG LEC. 250**

Serial Number: 008903  Test Record Number: 632  
Test Date: 02/08/2011  Test Time: 12:51pm EST

System Check: Passed

**Baseline Tests**

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**CRC Tests**

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

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County  FRANKLIN  Instrument Location  FRANKLIN CO. JAIL

Instrument Serial No. 008933  285 TKEMO RD. LOUISBURG, NC

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

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

I certify that on the 08 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

637
Certificate Number

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

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933
Test Date: 02/08/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

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

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933  Test Record Number: 409  Test Date: 02/08/2011  Test Time: 11:17am EST

System Check: Passed

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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  FRANKLIN  Instrument Location  FRANKLIN Co. JAIL

Instrument Serial No. 00842  2851 KEMP RD LOUISBURG, NC

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

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

I certify that on the 08 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number 637

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

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942
Test Date: 02/08/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test g/210L Time

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

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

[Signature]

Analyst

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

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942  Test Record Number: 339
Test Date: 02/08/2011  Test Time: 11:13am EST

System Check: Passed

Baseline Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: FRANKLIN Instrument Location: FRANKLINTON PD
Instrument Serial No.: 008815 7 W. MASON ST. FRANKLINTON, 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 08 day of FEBRUARY 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]
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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815
Test Date: 02/08/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

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

Test g/210L Time

DIAG Pass 9:37am
AIR BLK .00 9:37am
ACCY CHK .08 9:38am
AIR BLK .00 9:39am
SUB TEST .00 9:39am
AIR BLK .00 9:40am
SUB TEST .00 9:42am
AIR BLK .00 9:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815    Test Record Number: 458
Test Date: 02/08/2011    Test Time: 9:52am 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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<th>Status</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:54am</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

Analyst

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 09 day of FEBRUARY, 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number 371

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

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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857
Test Date: 02/09/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG902603
Exp Date: 07/22/2011

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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:24pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>12:24pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:25pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>12:29pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>12:30pm</td>
</tr>
</tbody>
</table>

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

---

Analyst
Intox EC/IR-II: Preventive Maintenance

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008857  Test Record Number: 183
Test Date: 02/09/2011  Test Time: 12:32pm EST

System Check: Passed

Baseline Tests

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<td>12:32pm</td>
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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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<tr>
<td>CAL</td>
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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 ROBESON Instrument Location ST. PAULS POLICE DEPT.

Instrument Serial No. 008814 ST. PAULS, NC

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

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

I certify that on the 09 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
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

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814
Test Date: 02/09/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG002802
Exp Date: 01/28/2012

Test g/210L Time

DIAG Pass 2:15pm
AIR BLK .00 2:16pm
ACCY CHK .08 2:17pm
AIR BLK .00 2:18pm
SUB TEST .00 2:18pm
AIR BLK .00 2:19pm
SUB TEST .00 2:21pm
AIR BLK .00 2:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

---

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

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814    Test Record Number: 263
Test Date: 02/09/2011    Test Time: 2:22pm EST

System Check: Passed

Baseline Tests

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<td>2:23pm</td>
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<td>FC</td>
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Temperature Tests

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<td>2:23pm</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>2:24pm</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  JOHNSTON  Instrument Location  CLAYTON POLICE DEPT.

Instrument Serial No. 008658  CLAYTON, NC

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 09 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658
Test Date: 02/09/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

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<td>AIR BLK</td>
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<td>4:24pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>4:25pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>4:26pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>4:27pm</td>
</tr>
<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

JOHNSON COUNTY CLAYTON PD. 500

Serial Number: 008658    Test Record Number: 575
Test Date: 02/09/2011   Test Time: 4:33pm EST

System Check: Passed

Baseline Tests

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

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<tr>
<td>FC1</td>
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<tr>
<td>SRC</td>
<td>Pass</td>
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<td>4:33pm</td>
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Blank Tests

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Printer Tests

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<th>Time</th>
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CRC Tests

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

[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 LEE Instrument Location SANFORD POLICE DEPT.

Instrument Serial No. 008867 SANFORD, NC

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

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

I certify that on the 10 day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official]

Certificate Number

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

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

**LEE COUNTY SANFORD POLICE DEPT 520**

Serial Number: 008867  
Test Date: 02/10/2011

Citation Number: M0000000-0  
Subject's Name: PREVENTIVE, MAINTENANCE  
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG825401  
Exp Date: 10/02/2011

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<tr>
<td>AIR BLK</td>
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<td>3:22pm</td>
</tr>
<tr>
<td>ACCY CHK</td>
<td>.07</td>
<td>3:23pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>3:24pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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<tr>
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<td>3:28pm</td>
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Reported AC: .00 g/210L

[Signature]

Signature of Chemical Analyst

Court CVR

---

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

**LEE COUNTY SANFORD POLICE DEPT 520**

Serial Number: 008867  Test Record Number: 343  Test Date: 02/10/2011  Test Time: 3:29pm 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>Status</th>
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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  MOORE  Instrument Location  SOUTHERN PINES Police Dep.
Instrument Serial No.  008720  SOUTHERN PINES NC

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

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

I certify that on the 11th day of FEBRUARY, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

371
Certificate Number

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

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

*MOORE COUNTY SOUTHERN PINES PD. 620*

Serial Number: 008720    Test Record Number: 484
Test Date: 02/11/2011    Test Time: 8:46am EST

System Check: Passed

### Baseline Tests

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### Temperature Tests

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### CRC Tests

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<td>8:47am</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 Wilkes Instrument Location Wilkes Co Court House

Instrument Serial No. 008843

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 14th day of February , 2011 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

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843
Test Date: 02/14/2011

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

Analyst's Name: WEATHER, GEORGE A
Permit Number: 09442E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002703
Exp Date: 01/27/2012

Test g/210L Time

DIAG Pass 12:01pm
AIR BLK .00 12:01pm
ACCY CHK .07 12:02pm
AIR BLK .00 12:03pm
SUB TEST .00 12:04pm
AIR BLK .00 12:05pm
SUB TEST .00 12:06pm
AIR BLK .00 12:07pm

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
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*

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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 Randolph Instrument Location Archdale Police

Instrument Serial No. 008791 Department

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ______ day of February, 2011 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.

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791
Test Date: 02/01/2011

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

Test  g/210L  Time
DIAI  Pass   1:26pm
AIR BLK .00  1:27pm
ACCY CHK .08  1:27pm
AIR BLK .00  1:28pm
SUB TEST .00  1:29pm
AIR BLK .00  1:30pm
SUB TEST .00  1:32pm
AIR BLK .00  1:33pm

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

RANDOLPH COUNTY ARCHDALE PD 750

Serial Number: 008791  Test Record Number: 471
Test Date: 02/01/2011  Test Time: 1:33pm EST

System Check: Passed

Baseline Tests

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Temperature Tests

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<td>1:34pm</td>
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Blank Tests

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Printer Tests

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CRC Tests

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

Status: Pass

[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 3 day of February 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828
Test Date: 02/03/2011

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

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011702
Exp Date: 04/27/2012

<table>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>3:04pm</td>
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<td>AIR BLK</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyt

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

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828       Test Record Number: 282
Test Date: 02/03/2011       Test Time: 2:52pm 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 Davidson Instrument Location Davidson Co. Jail
Instrument Serial No. 008865 Lexington, N.C.

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

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

I certify that on the 12th day of February, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature of Certifying Official] 642

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008865
Test Date: 02/12/2011

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

Analyst's Name: DEAN, L K
Permit Number: 11599E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002601
Exp Date: 01/26/2012

Test g/210L Time

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

Signature of Chemical Analyst

Court CVR

Analyst

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

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008865 Test Record Number: 241
Test Date: 02/12/2011 Test Time: 8:29pm 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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</thead>
<tbody>
<tr>
<td>PRNT</td>
<td>Pass</td>
<td>8:31pm</td>
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</table>

CRC Tests

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

Preventive Maintenance

Status: Pass

[Signature]
Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Harrell - Angier  Instrument Location: Bat Mobile Unit 2

Instrument Serial No. 008736

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

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

I certify that on the 11th day of February, 2011 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]
Jonya B. Skinner

Certificate Number 64/1

A signed original of the preventive maintenance record shall be kept on file for at least three years.
Intox EC/IR-II: Subject Test
HARNETT COUNTY BAT MOBILE UNIT 2 420

Serial Number: 008736
Test Date: 02/11/2011

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

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

Test g/210L Time

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>DIAG</td>
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</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:21pm</td>
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<tr>
<td>ACCY CHK</td>
<td>.08</td>
<td>9:21pm</td>
</tr>
<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>9:22pm</td>
</tr>
<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:23pm</td>
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<tr>
<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst
Court CVR

[Signature]

Analyst

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

HARNETT COUNTY BAT MOBILE UNIT 2

Serial Number: 008736    Test Record Num:  
Test Date: 02/11/2011    Test Time: 9:29pm

System Check: Passed

Baseline Tests

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Temperature Tests

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Blank Tests

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Printer Tests

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CRC Tests

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

Preventive Maintenance

Status: Pass

[Signature]

Analyst

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

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

I certify that on the 11 day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

**HARNETT CO BAT MOBILE UNIT 2 420**

Serial Number: 008601  
Test Date: 02/11/2011

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

Analyst's Name: SKINNER, TONYA B  
Permit Number: 13651E  
Effective:  
10/01/2009-10/01/2011

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

Lot Number:  
Exp Date: 08/25/2012

<table>
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<tr>
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<tbody>
<tr>
<td>DIAG</td>
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<tr>
<td>AIR BLK</td>
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<tr>
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<td>.07</td>
<td>9:08pm</td>
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<td>AIR BLK</td>
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<td>9:09pm</td>
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<tr>
<td>SUB TEST</td>
<td>.00</td>
<td>9:10pm</td>
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<td>AIR BLK</td>
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<td>SUB TEST</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst  

Court CVR

---

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

Baseline Tests

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

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<tbody>
<tr>
<td>FCI</td>
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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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<tbody>
<tr>
<td>COMP</td>
<td>Pass</td>
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<tr>
<td>CAL</td>
<td>Pass</td>
<td>9:16pm</td>
</tr>
</tbody>
</table>

Preventive Maintenance Status: Pass

[signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Caldwell Instrument Location Caldwell Co. Jail

Instrument Serial No. 8083 Lenoir, 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 4 day of March, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

Caldwell County Caldwell County Jail
130

Serial Number: 008803
Test Date: 02/04/2011

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

Analyst's Name: Burnett, Anthony J
Permit Number: 11304E
Effective:
10/01/2009-10/01/2011

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

Lot Number: AG920401
Exp Date: 07/23/2011

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

Signature of Chemical Analyst

Court CVR

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

Caldwell County Caldwell County Jail 130

Serial Number: 008803    Test Record Number: 230
Test Date: 02/04/2011    Test Time: 2:47pm EST

System Check: Passed

Baseline Tests

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<td>FC</td>
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Temperature Tests

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<tbody>
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Blank Tests

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Printer Tests

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CRC Tests

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<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 ROBESON Instrument Location RED SPRINGS Police Dept.
Instrument Serial No. 008863 RED SPRINGS, 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 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

371
Certificate Number

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

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

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008863
Test Date: 02/01/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG920302
Exp Date: 07/22/2011

Test  g/210L  Time

DIAG    Pass  3:53pm
AIR BLK  .00  3:53pm
ACCY CHK .08  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
**Intox EC/IR-II: Preventive Maintenance**

ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008863  Test Record Number: 105  
Test Date: 02/01/2011  Test Time: 4:00pm EST

System Check: Passed

### Baseline Tests

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

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<td>4:00pm</td>
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### Printer Tests

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### CRC Tests

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<tr>
<td>CAL</td>
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</tr>
</tbody>
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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     Onslow          Instrument Location     MCAS New River PMO

Instrument Serial No. 008722

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 2 day of February, 2011 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

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008922
Test Date: 02/02/2011

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

Analyst's Name: HALL, RANDY E
Permit Number: 03462E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG011701
Exp Date: 04/27/2012

Test g/210L Time
DIAG Pass 12:29pm
AIR BLK .00 12:30pm
ACCY CHK .07 12:30pm
AIR BLK .00 12:31pm
SUB TEST .00 12:32pm
AIR BLK .00 12:33pm
SUB TEST .00 12:34pm
AIR BLK .00 12:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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

**ONSLOW COUNTY MCAS NEW RIVER 660**

Serial Number: 008922  
Test Record Number: 158  
Test Date: 02/02/2011  
Test Time: 12:35pm 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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<td>CAL</td>
<td>Pass</td>
<td>12:37pm</td>
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**Preventive Maintenance Status:** Pass

---

*Signature: [Signature]

Analyst*

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Person Instrument Location Person Co. Lab

Instrument Serial No. 008693 120 Court St. Reidsboro, 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 ___ 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693
Test Date: 02/01/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG92030L
Exp Date: 07/22/2011

Test g/210L Time
DIAG Pass 12:54pm
AIR BLK .00 12:56pm
ACCY CHK .07 12:56pm
AIR BLK .00 12:57pm
SUB TEST .00 12:58pm
AIR BLK .00 12:59pm
SUB TEST .00 1:00pm
AIR BLK .00 1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

**PERSON COUNTY PERSON CO. LEC 720**

Serial Number: 008693    Test Record Number: 644  
Test Date: 02/01/2011  Test Time: 1:02pm EST

System Check: *Passed*

### Baseline Tests

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### CRC Tests

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<tr>
<td>CAL</td>
<td>Pass</td>
<td>1:04pm</td>
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</tbody>
</table>

Preventive Maintenance
Status: *Pass*

---

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County: Person
Instrument Location: Person Co. Lab

Instrument Serial No.: 00 8830
120 COURT ST. RENFORD, 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 1 day of FEBRUARY, 2016 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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880
Test Date: 02/01/2011

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

Analyst's Name: QUARANTEANZO, NICHOLAS J
Permit Number: 21536E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG023702
Exp Date: 08/25/2012

Test g/210L Time

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

[Signature]

[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

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880     Test Record Number: 325
Test Date: 02/01/2011     Test Time: 12:59pm EST

System Check: Passed

Baseline Tests

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

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Blank Tests

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Printer Tests

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CRC Tests

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Preventive Maintenance
Status: Pass

[Signature]
Analyst

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

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

I certify that on the 14th day of February, 2011, the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]

Signature of Certifying Official  Certificate Number

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

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008847
Test Date: 02/01/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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:
10/01/2009-10/01/2011

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

Lot Number: AG16602
Exp Date: 06/15/2011

Test   g/210L    Time

DIAG   Pass     1:06pm
AIR BLK .00     1:07pm
ACCY CHK .08     1:07pm
AIR BLK .00     1:08pm
SUB TEST .00     1:09pm
AIR BLK .00     1:10pm
SUB TEST .00     1:11pm
AIR BLK .00     1:12pm

Reported AC: .00 g/210L

Signature Of Chemical Analyst

Court CVR

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

LENOIR COUNTY KINSTON PD 530

Serial Number: 008947    Test Record Number: 151
Test Date: 02/01/2011    Test Time: 1:02pm 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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Preventive Maintenance
Status: Pass

[Signature]

Analyst

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

PREVENTIVE MAINTENANCE RECORD
INTOXIMETERS, MODEL INTOX EC/IR II

County Wilson Instrument Location Wilson Co. Detention Center

Instrument Serial No. 004652 100 E. Green St., Wilson, N.C.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 23rd day of February, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

[Signature]
Signature of Certifying Official

Certificate Number 447

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

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652
Test Date: 02/23/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023602
Exp Date: 08/24/2012

Test g/210L Time
DIAG Pass 9:56am
AIR BLK .00 9:57am
ACCY CHK .08 9:58am
AIR BLK .00 9:59am
SUB TEST .00 10:00am
AIR BLK .00 10:01am
SUB TEST .00 10:03am
AIR BLK .00 10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1546
Test Date: 02/23/2011 Test Time: 10:04am 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

[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. ________________ 100 E. Green St., Wilson, N.C.

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

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the ________________ day of ________________, 2011 the foregoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627
Test Date: 02/23/2011

Citation Number: M0000000-0
Subject's Name: PREVENTIVE, MAINTENANCE
Subject'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: 10/01/2009-10/01/2011

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

Lot Number: AG023701
Exp Date: 08/25/2012

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<td>10:11am</td>
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<td>SUB TEST</td>
<td>.00</td>
<td>10:12am</td>
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<tr>
<td>AIR BLK</td>
<td>.00</td>
<td>10:13am</td>
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<tr>
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<td>.00</td>
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</tr>
<tr>
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<td>.00</td>
<td>10:15am</td>
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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627    Test Record Number: 1130
Test Date: 02/23/2011    Test Time: 10:16am EST

System Check: Passed

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<tr>
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<td>10:16am</td>
</tr>
<tr>
<td>BAR</td>
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Blank 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
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

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

2. Verify instrument displays time and date;

3. Initiate breath test sequence;

4. Enter information as prompted;

5. Verify instrument accuracy;

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

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

8. Print test record;

9. Verify Diagnostic Program; and

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

I certify that on the 19 day of February 2011 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

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

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869  Test Record Number: 378
Test Date: 02/19/2011  Test Time: 11:12pm 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
Intox EC/IR-II: Subject Test

NEW HANOVER COUNTY BAT MOBILE UNIT 6
640

Serial Number: 008869
Test Date: 02/19/2011

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

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective: 10/01/2009-10/01/2011

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

Lot Number: AG002803
Exp Date: 01/28/2012

Test g/210L Time

DIAG Pass 11:02pm
AIR BLK .00 11:03pm
ACCY CHK .08 11:03pm
AIR BLK .00 11:04pm
SUB TEST .00 11:05pm
AIR BLK .00 11:06pm
SUB TEST .00 11:07pm
AIR BLK .00 11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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